



J-1 Exchange Visitor Application

INSTRUCTIONS: Please fill out this application supplement, along with all required supplementary documents, and submit it to the Office of International Education (OIE) at Southern Connecticut State University (SCSU). Scanned documents are preferred (send to: sharif1@southernCT.edu), although the OIE will accept hard copies sent via post to:

**Director, Office of International Education
Southern Connecticut State University
Engleman Hall A 220
501 Crescent Street
New Haven, CT 06515**

Your completed application supplement must include: **this form, a copy of your passport, financial document(s), and (for exchange visitor faculty and students on exchange via an SCSU partner university only) proof of health insurance.** Once your application is received, SCSU will be able to register you for courses (if applicable) and process your DS-2019 (if applicable.) Visiting faculty members and students on exchange through one of our reciprocal exchange universities (i.e. non-ISEP students) will be issued a DS-2019 **at least** six (6) weeks prior to the start of the semester.

EXCHANGE VISITOR INFORMATION:

Name must appear exactly as it does on your passport.

Name: _____ Date of Birth: _____
Last (Family Name) First (Given Name) Middle Month / Day / Year

Country of Birth: _____ City of Birth: _____

Do you maintain a dual citizenship with the U.S.? Yes No Gender: Male Female

Dates of Visit: Begin _____ End _____

CONTACT INFORMATION:

Permanent Mailing Address: _____
Street City State/Province

Country: _____ Postal Code: _____

Telephone: _____ Email Address: _____
Country Code City Code Number

Current Mailing Address (if different from above): _____
Street City State/Province

Country: _____ Postal Code: _____

Telephone: _____ Cell Phone: _____
Country Code City Code Number - -

I can be reached at this address until: _____
Month / Day / Year

Visa documents should be mailed to: Current Address
 Permanent Address

EMERGENCY CONTACT:

Name: _____ Relationship: _____
Last (Family Name) First (Given Name)

Telephone: _____ Email Address: _____
Country Code City Code Number

Address: _____
Street City State/Province

Country: _____ Postal Code: _____

ACADEMIC INFORMATION (Students Only):

Exchange Program Name (Ex. ISEP, BW, etc.): _____

Level of study you are seeking at SCSU: Undergraduate Graduate

Current level of study at home university: Undergraduate Graduate Doctoral

Major Field of Study: _____ Specialty: _____
(If applicable)

Term applied for: Spring 20____ Fall 20____ Length of Stay: 1 semester 2 semesters

HOUSING (Students Only):

Please select one option from the choices below. If you do not select a housing option, **we will not select one for you.**

Apartment Style Residence Hall (North Campus) Off-Campus Housing*

*** Note: You must make your own arrangements if you select "off campus".**

Apartment Style Residence Halls offer double or quad bedrooms with a single bathroom. Students living in apartment style residence halls have access to full kitchens in their room and air conditioning. Each apartment houses either male or female residents; floors are co-ed.

FINANCIAL INFORMATION:

Required to issue the DS 2019!

Declaration of Finances: As a participant in this exchange program, you receive a tuition and fees waiver. Below are estimates of the additional funds you will need while studying at SCSU. The United States Citizenship and Immigration Services (USCIS) requires international students to verify sufficient financial resources at least equal to the estimate provided below. Before issuing documents which will enable you to obtain your student visa, we must have the information requested below. Although it is possible for exchange students to work during their stay in the U.S., U.S. immigration regulations restrict student employment. Therefore, do not expect to supplement your income with employment during your exchange program.

Marital Status: Single Married

Will any of your dependents (spouse or children) come to the U.S. with you? Yes How many? _____
 No

If "Yes," please include copies of their passports with your application and provide the following information for **each dependent**. (Attach additional page if necessary):

	Dependent 1	Dependent 2	Dependent 3	Dependent 4
Family Name:	_____	_____	_____	_____
First Name(s):	_____	_____	_____	_____
Date of Birth:	_____	_____	_____	_____
City of Birth:	_____	_____	_____	_____
Country of Birth:	_____	_____	_____	_____
...of Citizenship:	_____	_____	_____	_____
...of Perm Residence:	_____	_____	_____	_____
Relationship:	_____	_____	_____	_____

Students living on-campus in dorms must show financial evidence of funds in the amount of at least **\$500.00/month**, or a total of **\$2,500.00/semester**. Students electing to live off-campus and exchange visitor faculty members must show financial evidence of funds in the amount of at least **\$1,500.00/month** or **\$7,500.00/semester**.

Please list the monetary amount and sources of financial support during your exchange program at SCSU. Financial documentation must be submitted with this application supplement to the OIE.

Source of Funding	Required Documentation
Personal or Family Funds (checking/savings)	Certified bank letter/bank statement
Home Institution (Scholarship / Loan)	Original or certified copy of award Loan documentation, letter, etc.
Home Government (Scholarship / Loan)	Original or certified copy of award Loan documentation, letter, etc.

Source of Support

Personal or Family Funds

Home Institution Scholarship or Loan

Home Government Scholarship or Loan

Amount of Guaranteed Support in Home Currency

I certify that all statements on this form are true and accurate information and that the stated funds are available for my educational expenses at Southern Connecticut State University during the period specified. I will notify SCSU of any changes in my financial circumstances. Furthermore, I understand that under the Privacy Act, the information I have given cannot be shared with anyone except me and SCSU without my written permission.

SIGNED: _____

Date: _____
Month / Day / Year

Student's Name: _____
(Please Print)

**COURSE PREFERENCE FORM
(Students Only)**

Please indicate below the courses you would like to take during the first term you are at SCSU. Make a note of both the preferred courses and alternative courses. Course enrollment is dependent upon availability, whether prerequisites have been met, whether courses are open to non-majors, and whether requested courses can be scheduled together. Your request is not guaranteed, although we will do our best to accommodate your preferences.

The minimum full-time enrollment for undergraduate exchange students is **twelve (12)** credits per term. The minimum full-time enrollment for graduate students is **nine (9)** credits per term. The average course load for undergraduate students is 12-15 credits and, for graduate students, 9-12 credits. You are expected to maintain full-time status and remain in good standing for the duration of your stay at SCSU.

Name: _____ Major: _____
Last (Family Name) First (Given Name) Middle

Host University: _____ Semesters Completed: _____

[Are you interested in enrolling in ENG 119, an English writing course designed specifically to support non-native speakers of English?](#)

Course Number (by priority)	Course Title (ex: "Art 312: History of Japanese Art)	# of Credits	Preferred Course?	Alternate Course?
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
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			<input type="checkbox"/>	<input type="checkbox"/>

Special Comments: Please make any special notes about the courses above. For example: "Fall Term I must take Course #1. I could take either course #2 or #3, but do not need both."