



## GLOBAL EDUCATION OFFICE (GEO)

### J-1 EXCHANGE STUDENT VISITOR VISA

#### INSTRUCTIONS & APPLICATION INFORMATION

All Exchange Students must apply for a J-1 Exchange Visitor non-immigrant student visa at the U.S. Embassy in your home country. If you are admitted into Dominican University of California, we will send you a letter of admission and a DS-2019 (Certificate of Eligibility for Exchange Visitor Status). The DS-2019 allows you to apply for a J-1 visa at the U.S. Embassy or Consulate. ***Granting of the visa is at the discretion of the U.S. Department of State.*** Exchange Visitor student status carried many responsibilities and restrictions (full-time enrollment, employment restrictions, etc.) and exchange participants are expected to abide by all U.S. federal regulations.

Do not plan on leaving your country of residence until you have been issued a J-1 visa. The DS-2019 will allow you to enter the United States no earlier than **30 days before the start date of the program indicated on the DS-2019 form. Please read the instructions very carefully on the "Welcome Letter" which will be mailed to you together with the DS-2019. It contains details on applying for the J-1 Visa as well as paying the SEVIS fee.**



**GLOBAL EDUCATION OFFICE (GEO)**

**J-1 EXCHANGE STUDENT VISITOR VISA**

**APPLICATION FOR FORM DS 2019**

**Instructions:** Please complete the application, answering every question. Do not abbreviate. Write "n/a" if a question is not applicable. After completing this form, please print clearly, sign, and date. Applications will not be accepted directly from student applicants. Applications must be submitted via your home institution exchange coordinator.

1. Which semester are you applying for: Fall/ Spring Year: \_\_\_\_\_

2. Name: \_\_\_\_\_

Last (Family) Name

First Name

Middle Name

3. Gender:  Male  Female

4. Date of Birth \_\_\_\_\_ 6. Place of Birth \_\_\_\_\_  
Month/ Day /Year City Country

5. Country of Citizenship \_\_\_\_\_

6. Country of Permanent Residence \_\_\_\_\_

7. Residential Address: \_\_\_\_\_

Street

City

Country

Zip Code

8. Mailing Address: \_\_\_\_\_

Street

City

Country

Zip Code

9. Home University: \_\_\_\_\_  
Name City Country

10. Phone: \_\_\_\_\_ Email: \_\_\_\_\_

11. Current Level of Study in Home Country:  University Undergraduate Student  
 University Graduate Student

12. Field of study at home institution: \_\_\_\_\_

13. Intended field of study at DUC: \_\_\_\_\_

14. Have you resided, studied or traveled outside your home country? If so, please indicate below:

<i>Location</i>	<i>Purpose of Stay</i>	<i>Length of Stay</i>
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15. Do you have physical or psychological conditions that require professional, ongoing treatment?

- Yes  No

If yes, please explain: \_\_\_\_\_

15. Please describe any special needs or services you will require during your exchange (i.e. dietary considerations, medications, learning aids, or facilities with disabled access):

\_\_\_\_\_  
\_\_\_\_\_

Note: GEO will make every reasonable effort to place qualified students that have special needs or require other services. The information requested above is important so that we can verify that GEO is able to accommodate your needs. The information is considered confidential and will not be shared with anyone except those department providing services. It will not influence the decision of your application for the exchange program.

16. Please provide the following financial information. Please provide personal bank statements and/or a letter from the home government, employer or sponsoring agency (if applicable). If you are receiving assistance from a family member or an individual sponsor, please have them complete the attached Affidavit of Financial Support. The total living expenses to cover one semester at DUC is \$9,000USD.

Summary of the funding source (Please use currency converter <http://www.oanda.com/currency/converter/> )

(1) Personal Funds:

Bank Name	Type (savings, checking, loan)	Amount in home currency (optional)	Amount in U.S. dollars (required)	Total (US\$)

(2) School Support from Home Institution:

Type (Scholarship, grant, fellowship, assistantship)	Amount in home currency (optional)	Amount in U.S. dollars (required)	Total (US\$)

(3) Family or Individual Sponsor:

Sponsor Name	Relationship	Amount in home currency (optional)	Amount in U.S. dollars (required)	Total (US\$)

(4) Employer or Other Institution:

Employer Name	Relationship	Amount in home currency	Amount in U.S. dollars (required)	Total (US\$)

		(optional)		

(5) Government Funding:

Source	Amount in home currency (optional)	Amount in U.S. dollars (required)	Total (US\$)

17. Please tell us in 250 words or less on “Why Dominican University of California’s academic program and location is of interest to you.” (You may attach a sheet to the application if you require more space):

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**STATEMENT OF UNDERSTANDING:**

If I accept placement, I agree that:

- I will take part in all aspects of the program, including orientations, Global Ambassadors, official program activities and evaluation. I understand that I am considered a representative of my home country and university, and that my active participation at Dominican University of California is essential to the sustainability of the exchange program.
- I understand that I must submit a complete DUC participant evaluation at the end of my exchange.
- I will pay to my home institution the designated tuition/fee covering the full period of my exchange placement.
- I will purchase the DUC Student health Insurance coverage as required by DUC and the United States.
- I understand that the exchange programs are competitive and that applicants will be chosen based on their academic abilities, suitability to the program and space availability at Dominican University of California.
- My placement will be limited to the specified period. An extension request is subject to review and the approval of my home institution and GEO.
- My exchange placement may be terminated early by DUC or my home institution if I fail to remain enrolled full-time, fail to maintain minimum academic standards (defined by DUC as minimum 2.0 GPA) or am found by DUC or my home institution to be in violation of laws and regulations of the United States or DUC.
- If I withdraw from the program anytime after accepting the placement, or if my exchange placement is terminated after I take up placement at Dominican University of California, I understand that I may still be

obligated to pay (in part or in full) the program fees at the discretion of Dominican University of California in collaboration and agreement with my home institution.

- I understand that if I am admitted to Dominican University of California, as an international exchange student, my status is that of a non-degree seeking student. Should I wish to change my status to a degree program in the future, I will need to satisfy the requirements that Dominican University of California has established for admission to degree programs for all international students.

I acknowledge that I fully understand all above statements and the above terms of participation. I certify that all of the information given in this application is complete and accurate to the best of my ability.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Month/Day/Year

**Home University Verification:**

*I certify that this student has been nominated by our university to participate in the exchange program with Dominican University of California.*

\_\_\_\_\_  
**Name Title Signature Month/Day Year**

\_\_\_\_\_

**Home University**

**GEO USE:** *Third Party Staff Verification* \_\_\_\_\_ *Date* \_\_\_\_\_

*Length of Stay:* \_\_\_\_\_ *Study Agreement Code:* \_\_\_\_\_



**AFFIDAVIT OF FINANCIAL SUPPORT**

I hereby certify that \_\_\_\_\_ has applied for admission to

*Student's Name*

Dominican University of California for Fall/ Spring \_\_\_\_\_. I will be responsible for all educational and living expenses, approximately \$\_\_\_\_\_ (\$8000.00 USD total required from all sources) for one semester course of study.

Name of Sponsor: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_

City/ Postal Code/ Country: \_\_\_\_\_

I hereby certify that the statement made on this Financial Statement are true and correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Bank and Seal: \_\_\_\_\_ Date: \_\_\_\_\_

**(Affix seal below)**