

PERSONAL INFORMATION [To be filled out by the international undergraduate student in the Health Sciences]:

Name: _____ Gender [] Male [] Female
(FAMILY NAME,) (First Name) (Middle Name)

Current Mailing Address: _____ Valid Until _____
(Number and Street) (City, State) (Country) (Postal Code) (Month / Day/ Year)

Telephone Number: _____ Fax Number: _____ E-mail: _____

Date of Birth (Month/Day/Year): _____ Place of Birth (City and Country): _____

Country of Citizenship: _____ Country of Legal Permanent Residence: _____

Permanent Home Address in Country of Citizenship*: _____

Expected Address in U.S. (if known): _____

*REQUIRED INFORMATION. Permanent Home Address must be a place of **Residence**; a P.O. Box address may not be used.

Occupation in Home Country (If currently a student, give name of school and level of education): _____

EDUCATION:

Education in U.S. (if applicable). [List all U.S. institutions attended chronologically.]

Name of Institution	Date Entered	Date Left	Immigration Status While Attending
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

{Use separate sheet for additional schools.}

Date of Initial Entry into the U.S. in F-1 or J-1 Status (Month/Day/Year): _____

If you are transferring from another U.S. institution to SUNY at Stony Brook, give name and address of last U.S. school attended: _____

If you are transferring from another U.S. institution to SUNY at Stony Brook, do you intend to leave the U.S. before coming to Stony Brook? [] Yes [] No If Yes, When? _____

Expected first semester of enrollment: [] Fall [] Spring [] Summer Year: 201_____
Field of Study (major): _____ Non-Matriculated [] Other(Explain "Other:" _____)

Type of Admission: [] New [] Readmission [] Continuing (change of level/program) [] Transfer from U.S. School

DEPENDENTS: Please provide the following information for any members of your immediate family (husband, wife, son, or daughter) who will accompany you to SUNY at Stony Brook as your dependent(s). Students with accompanying family members **MUST** verify an additional \$6500 per year for a spouse, and an additional \$3630 per year for each child for the entire period of study.

LAST (FAMILY) NAME, First Name	Relationship	Date of Birth (month/day/year)	Place of Birth (city, country)	Citizenship	Country of Permanent Residence
1) _____	_____	_____	_____	_____	_____
2) _____	_____	_____	_____	_____	_____
3) _____	_____	_____	_____	_____	_____

[Use separate sheet for additional family members.]

TO BE COMPLETED BY APPLICANTS ALREADY IN THE U.S.:

Immigration Status:

[] F-1 Student: SEVIS Number: _____
(Attach photocopies of ALL Forms I-20s, front and back, Form I-94, front and back, and passport ID page)

[] J-1 Exchange Visitor: Program Number: _____ SEVIS Number: _____
(Attach photocopies of all Forms DS-2019, Form I-94, front and back, and passport ID page)

Have you previously been in the U.S. as a J-1 Exchange Visitor? [] Yes [] No If yes, where? dates?: _____

[] Other: Type of status (B-2, F-2, J-2, H-1, H-4, etc.): _____
(Attach photocopies of Form I-94, front and back, passport ID page, and approval notices, etc.)

TO BE COMPLETED BY APPLICANTS CURRENTLY OVERSEAS:

What type of visa you plan to obtain to enter the U.S.? [] F-1 Student [] J-1 Exchange Visitor [] Other
(Explain "Other:" _____)

DECLARATION AND CERTIFICATION OF FINANCES – UNDERGRADUATE HEALTH SCIENCES

Please indicate the source and amount of your financial support for **EACH** year of study. Complete the information for **the number of years necessary for your program of study**. Total amounts **MUST** meet or exceed the estimate of expenses of \$33,000 per year.

Attach original documentation for each source of financial support you indicate, including **proof of available funds** [Bank statements or bank letters on official letterhead] and **proof of income** [Employer's letter on official letterhead indicating annual income (in English or accompanied by a certified translation)]. Documents must be less than six months old.

SOURCES OF FINANCIAL SUPPORT	Year 1	Year 2	Year 3	Year 4	AMOUNTS IN U.S. DOLLARS
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Departmental Support (Department completes):

Tuition Scholarship Amount _____
 FTE Equiv. (Full, 3/4, 1/2, 1/4) _____
 Academic Year Stipend Amount _____
 Type (TA/ GA/ RA) _____
 Summer Stipend Amount _____
 Type (TA/ GA/ RA) _____
 Other Award (Type: _____) _____
 Total Yearly Support: _____
 (Attach copies of award letters) Signature of Department Official _____

Your Personal Savings [Note: Provide an account history for the last six months]:

Amount Bank 1 _____
 Name Bank 1: _____
 Amount Bank 2 _____
 Name Bank 2: _____
 (Attach current financial statement(s), executed in English, on official bank letterhead, with U.S. Dollar Equivalents, for each bank indicated.)

Parent(s) and/or Other Sponsor:

Name Sponsor 1: _____
 Amount Sponsor 1 _____
 Name Sponsor 2: _____
 Amount Sponsor 2 _____
 (Attach a completed and notarized Affidavit of Support form [page 4] for each sponsor. Attach verifying documentation (income AND available funds).)

Government, University, or other Institutional Sponsorship:

Name of Sponsor 1: _____
 Amount of Sponsor 1 _____
 Name of Sponsor 2: _____
 Amount of Sponsor 2 _____
 (Attach current, signed, official copy of the terms of sponsorship, including amount of support in U.S. dollars, period of support, and types of support. If this notice is not in English, attach a certified translation.)

Other Source of Support:

Specify Source: _____
 Free Room and/or Board: _____
 (Attach validated, official documentation stating the terms of support, including amount of support in U.S. dollars, period of support, and types of support. If this notice is not in English, attach a certified translation. Attach proof of ownership / lease of residence for "Room.")

TOTAL AMOUNT OF SUPPORT: _____
 (Each total must equal or exceed required amounts for each year. **Costs may rise 7 – 10% annually.**)

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SEVIS FORM I-20 OR FORM DS-2019 WILL NOT BE ISSUED UNTIL ALL REQUIREMENTS FOR FINANCIAL DOCUMENTATION ARE MET.

By signing my name to this form, I certify that the information above is a correct statement of my arrangements for financing my studies at The State University of New York at Stony Brook.

Student's Signature: _____ Date: _____
 Please Print Name: _____

AFFIDAVIT OF SUPPORT – INTERNATIONAL UNDERGRADUATE STUDENTS IN THE HEALTH SCIENCES

This affidavit must be completed by each sponsor who will provide the student with full or partial financial support and/or room and board during the student's course of study at the State University of New York at Stony Brook. Students may not be sponsored by other F-1 or J-1 students.

SPONSORS MUST SHOW PROOF OF BOTH ANNUAL INCOME AND SAVINGS.

INFORMATION ABOUT THE SPONSOR:

I, _____, a citizen of _____, and residing at _____
(Name of Sponsor) (Country) (Address)
[Telephone number: (_____) _____]

certify the following:

1. I am employed in the capacity of _____, with _____, located in _____
(Position Title) (Name of Employer)
(City / State / Country). I derive an annual income of \$ (U.S.) _____ from this employment. **Attach a current salary confirmation statement on company letterhead, executed by that employer in English.**

2. I have \$ (U.S.) _____ on deposit in a savings account with 1) _____, 2) _____.
(Name of Bank 1) (Name of Bank 2)
Attach current financial statement(s) on bank letterhead, executed by official(s) of that bank in English with U.S. dollar equivalents.

3. I have \$ (U.S.) _____ on deposit in a savings account or _____ account with _____.
(Type of Account) (Name of Bank)
Attach a current financial statement, on bank letterhead, executed by an official of that bank in English with U.S. dollar equivalents.

4. I have _____ dependents and estimate that my annual expenses are \$ (U.S.) _____.
(Number)

STUDENT SUPPORT INFORMATION:

5. This affidavit is executed on behalf of _____, who is my _____,
(STUDENT LAST NAME, First Name) (Relationship)
born on _____ (Month/Day/Year).

6. I am willing, able and do commit to provide _____ with the yearly minimum amount of \$ (U.S.) _____
(Name of Student)
beginning on _____ (Month/Day/Year), for his/her **undergraduate** education. This support will end [choose one]:
on _____ (Month/Day/Year); **or** [] with completion of studies.

7. Check as appropriate:

- ___ I will provide room for the student in my home, beginning on _____ (Month/Day/Year) for _____ years.
- ___ I will provide board (food) for the student in my home, beginning on _____ (Month/Day/Year) for _____ years.

DEPENDENT SUPPORT INFORMATION [IF APPROPRIATE]:

8. I am willing and able to support the following individuals who will accompany the student as his/her dependents:
_____, with the minimum amount of \$6,500 per year or \$ (U.S.) _____ per
(Name of Dependent Spouse)
year for _____ years, or until _____ (Month/Day/Year).

_____, with the minimum amount of \$3,630 per child per year or \$ (U.S.) _____
(Name of Dependent Child or Children)
per year for _____ years, or until _____ (Month/Day/Year) [Total support for Child/Children: \$ (U.S.) _____]

This dependent(s) support is in addition to the support already promised above for the student.

9. Check as appropriate:

- ___ I will provide room for the dependent(s) in my home, beginning on _____ (Month/Day/Year) for _____ years.
- ___ I will provide board (food) for the dependent(s) in my home, beginning on _____ (Month/Day/Year) for _____ years.

THIS AFFIDAVIT MUST BE SIGNED IN THE PRESENCE OF A NOTARIZING OFFICIAL.

I swear (affirm) that I know and understand the contents of this affidavit signed by me, and the statements are true and correct; and I authorize the release of the documents presented to the student and/or U.S. government officials and/or University officials if requested. **Note: Documents may be notarized at a U.S. Consulate or Embassy.**

Signature of Sponsor: _____ Date: _____

Notary: _____