

J-1 STUDENT DS-2019 REQUEST

MICHIGAN STATE
UNIVERSITY

OFFICE FOR INTERNATIONAL STUDENTS AND SCHOLARS
Phone: 517.353.1720 | Fax: 517.355.4657
E-mail: oiss@msu.edu | Web: www.oiss.msu.edu

- ✓ Initial review time for J-1 Student requests is 10-15 business days.
- ✓ Initial requests MUST be received a minimum of 8 weeks prior to the anticipated arrival date.

STUDENT CATEGORIES USED IN THIS FORM:

Only degree-seeking students should use this form, including *STUDENT BACHELORS*, *STUDENT MASTERS* and *STUDENT DOCTORATE*. This form is **NOT** to be used by *NON-DEGREE STUDENTS* (contact jvisas@msu.edu for questions).

SUPPORTING DOCUMENTS THAT MUST ACCOMPANY THIS FORM:

- COPY OF PASSPORT (IDENTITY PAGE ONLY) Please include passport copies for all dependents
- PROOF OF FUNDS

Proof of funds must be on letterhead or stamped, signed, dated and no older than 6 months. It also has to be in English OR provided in its original form with a third party translation that includes the ‘Certification by Translator’ found below.

The following example must be reproduced on a separate document:

Certification by Translator

I [typed name], certify that I am fluent (conversant) in the English and _____ languages, and that the above/attached document is an accurate translation of the document attached entitled _____.

Signature _____ Date: _____

[Typed Name]
Address

FUNDING REQUIREMENTS FOR 2017-2018:

MINIMUM FUNDING REQUIREMENTS FOR ISSUANCE OF DS-2019					
** Amounts listed may change	Tuition & fees	Living expenses	Insurance	TOTAL	
UNDERGRADUATE Fr./Soph.	\$39,442	\$14,892	\$2,026	\$56,360	
Jr./Sr.	\$40,634	\$14,892	\$2,026	\$57,552	
MASTERS (does not include MBA)	\$24,890	\$15,330	\$2,026	\$42,246	
PHD (w/ assistantship)	\$24,890	\$15,330	\$2,026	\$42,246	
(w/o assistantship)	\$16,654	\$15,330	\$2,026	\$34,010	

ADDITIONAL EXPENSES FOR DEPENDENTS:

Spouse (wife/husband)	\$5,000 per year
Each Child under 21	\$3,000 per year (per child)

INSURANCE REQUIREMENTS:

Federal Regulations require that all J-1 and J-2 visa holders carry health insurance at all times. All MSU international students are automatically enrolled into the Blue Care Network health insurance. When students register for classes, the insurance premium costs are added to their Student Accounts along with their tuition bills. Students may qualify for a refund of the Blue Care Network premium if their own insurance policy meets both MSU waiver criteria and J visa requirements. For more information about MSU waiver criteria, please visit: <http://oiss.isp.msu.edu/students/health/>

THIS SECTION TO BE COMPLETED BY THE STUDENT:

PURPOSE OF THIS FORM (check the appropriate box):

- INITIAL REQUEST
 TRANSFER TO MSU FROM A U.S. INSTITUTION

Name of U.S. Institution Transferring From:	Transfer In Date: ____/____/____
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Name must be exactly as it appears on the Passport

Surname:	Given Name(s):
PID #: A	
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: ____/____/____ (mm/dd/yyyy)
City of birth:	Country of birth:
Country of Citizenship:	Country of legal permanent residence*:
Last position in home country: <input type="checkbox"/> Student <input type="checkbox"/> Employee	
<i>If student, specify:</i> <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate	
<i>If employee, specify:</i> Job title: Employer (name of organization):	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married	Children: <input type="checkbox"/> Yes <input type="checkbox"/> No
Current Mailing Address:	E-mail:

Family members who will accompany the student:

SPOUSE:

Surname:	Given Name(s):
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: ____/____/____
City of Birth:	Country of Birth:
Country of Citizenship:	Country of Legal Permanent Residence*:
Email:	

CHILD #1:

Surname:	Given Name(s):
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: ____/____/____
City of Birth:	Country of Birth:
Country of Citizenship:	Country of Legal Permanent Residence*:
Email:	

If you have more family members who will accompany you, please add their information on p. 3

***If country of Legal Permanent Residence is different from country of citizenship, please provide proof**

ADDITIONAL DEPENDENT(S) INFORMATION:**Family members who will accompany the visitor:****CHILD #2:**

Surname:	Given Name(s):
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: ____/____/____
City of Birth:	Country of Birth:
Country of Citizenship:	Country of Legal Permanent Residence*:
Email:	

CHILD #3:

Surname:	Given Name(s):
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: ____/____/____
City of Birth:	Country of Birth:
Country of Citizenship:	Country of Legal Permanent Residence*:
Email:	

CHILD #4:

Surname:	Given Name(s):
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: ____/____/____
City of Birth:	Country of Birth:
Country of Citizenship:	Country of Legal Permanent Residence*:
Email:	

CHILD #5:

Surname:	Given Name(s):
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: ____/____/____
City of Birth:	Country of Birth:
Country of Citizenship:	Country of Legal Permanent Residence*:
Email:	

CHILD #6:

Surname:	Given Name(s):
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: ____/____/____
City of Birth:	Country of Birth:
Country of Citizenship:	Country of Legal Permanent Residence*:
Email:	

**If country of Legal Permanent Residence is different from country of citizenship, please provide proof*

THIS SECTION TO BE COMPLETED BY THE HOST DEPARTMENT:

STUDENT'S INFORMATION:

Surname:	Given Name(s):
Date of Birth: ____/____/____	PID #: A
Program Level: <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Doctoral	

PERIOD COVERED BY THIS FORM: **Begin Date:** ____/____/____ **to End Date:** ____/____/____

Field of activity at MSU:

SOURCE OF FUNDING FOR THE DURATION OF REQUESTED VISIT

MSU Department Funds: \$
Health insurance provided by Department? Yes No

Student's Government Funds: \$

Other Funds: \$
Source of other funds:

Personal/Family Funds: \$

The department Head/Dean/Chairperson/Director must approve this host arrangement and sign below. In lieu of signature, the department Head/Dean/Chairperson/Director must send OISS an email giving approval.

Signature: _____ (Head/Dean/Chairperson/Director)	Person to contact when DS-2019 is ready:	<p>Please submit this request to OISS in a manila envelope, with the label of "J-1 Request" OR by email to jvisas@msu.edu.</p> <p>Office for International Students & Scholars International Center 427 N. Shaw Lane – Room 105 East Lansing, MI 48824</p> <p>If you have additional questions about this process please email: jvisas@msu.edu.</p>
Typed Name:	Name:	
Title:	E-mail:	
Department:	Phone:	
Dept. Address:		
Phone:		
Date: ____/____/____		