



Application for DS-2019

****PLEASE COMPLETE THIS FORM AND MAIL BACK AS SOON AS POSSIBLE. FAILURE TO DO SO WILL
DELAY PROCESSING OF YOUR EXCHANGE VISA****

Family Name: (Last) _____ Given (First) _____ MI (optional) _____

Gender: Male Female

Date of Birth (mm/dd/yyyy): ____/____/____ City of Birth: _____

Country of Birth: _____ Country of Citizenship: _____

Telephone (with area code): (____) _____ Number of semesters you plan to attend: One Two

Email Address: _____

STREET: _____ VILLAGE (OPTIONAL): _____

CITY: _____ STATE/PROVINCE _____

POSTAL CODE/ZIPCODE: _____ HOME COUNTRY: _____

Intended Degree at Medaille College (check one):

Intended Major: _____

****For J1 Visa****
Exchange Student

If you are currently in the U.S., please indicate they type of visa you hold: _____

If you are currently have F-1 visa status, please list the name of the university, college, or institute that issued your I-20:

(Please list the name and phone number of your current DSO and address of the institution)

Address where your completed DS-2019 should be mailed:

NAME: _____ STREET: _____

VILLAGE (OPTIONAL): _____ CITY: _____

STATE/PROVINCE _____ POSTAL CODE/ZIPCODE: _____

HOME COUNTRY: _____

TUITION/FEES & ROOM/BOARD CHARGES for 2016/2017:

Costs:	FALL	SPRING	YEAR TOTAL
Room/Board (w/ 19 meals per week meal plan):	\$6,670	\$6,670	\$13,340


FINANCIAL SUPPORT DECLARATION:

Students must provide financial documentation that supports ONE YEAR of tuition/fees and room/board; EXCHANGE STUDENTS need to show documentation for room and board for each semester of attendance.

SOURCE	Amount Secured	Required Document(s)
Student's Personal Funds:	US \$ _____	Student's original bank statement.
Family Support:	US \$ _____	**Letter/statement of support from family member(s) providing support (please state relationship to student). **Original bank statement(s) from family member(s). *BANK STATEMENTS AND/OR BANK LETTERS WILL NOT BE VALID UNLESS ACCOMPANIED WITH A LETTER OF SUPPORT*
Other Support:	US \$ _____	**Letter/statement of support from sponsor providing support (please state relationship to student). **Original bank statement(s) from sponsor. *BANK STATEMENTS AND/OR BANK LETTERS WILL NOT BE VALID UNLESS ACCOMPANIED WITH A LETTER OF SUPPORT*
Government/Agency Support:	US \$ _____	**Letter/statement of support from agency/organization sponsor providing support. <i>Name, address and contact information for the agency/organization must be included in the letter.</i>
Total Support (add all forms of support and enter amount here):	US \$ _____	**Please note that this amount does <i>not</i> include any international scholarships or grants from Medaille College**

BY SIGNING THIS DOCUMENT, I CERTIFY THAT I AM EXPECTED TO MAINTAIN FULL-TIME STUDY AT MEDAILLE COLLEGE AS A NON-IMMIGRANT STUDENT. I CERTIFY THAT I HAVE SECURED THE FINANCIAL RESOURCES NECESSARY TO SUPPORT THE DURATION OF MY STUDIES AT MEDAILLE COLLEGE AND THAT ALL INFORMATION SUBMITTED ON THIS DOCUMENT IS ACCURATE AND TRUTHFUL. *FAILURE TO UPHOLD THIS AGREEMENT MAY RESULT IN DENIAL OR TERMINATION OF YOUR I-20 or DS-2019.*

 Student's Signature

Date