

**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: 200\_\_\_\_\_

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 \$29,534 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)]. **PREPARE AN ADDITIONAL SET OF ORIGINAL DOCUMENTS** for visa applications at a U.S. Consulate overseas, or for a change of status within the U.S.A. **WE DO NOT RETURN ORIGINAL DOCUMENTS.** 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

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.**)

\*\*\*\*\*  
**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. Two sets of originals should be prepared for each affidavit, one for submission to the school and one for use when applying for a visa or for a change of status. 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)  
\_\_\_\_\_. 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.**  
(City / State / Country)

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: \_\_\_\_\_