TAUBMAN COLLEGE
ARCHITECTURE & URBAN PLANNING
UNIVERSITY OF MICHIGAN

FINANCIAL CERTIFICATION FORM
For Issuance of DS-2019
International Exchange Student - Winter 2024

UMID (8 digit #): _____ **Uniqname:** _____ **SEVIS ID # N:**_____

if available

Student Name: _____ **Number of Dependents:** _____

First (Given) Name   Last (Surname/Family) Name   *including spouse*

1. Calculate your expenses and sources of financial support by completing this worksheet in full.
2. Use the exact expense amounts indicated in Table A, and the tuition and fees using the link below.
3. J-1 students must show financial support for the full length of the program. If less than a year, calculate per month. Exchange program duration is 4 months.
4. If you have dependents accompanying you while you study at the U-M, you are required to provide proof of funds for their living expenses and health insurance, in addition to your estimated expenses. Calculate that amount in Table B.
5. Enter all sources of funding in Table C.

A: Estimated student expenses for 12 months

Expense	One Year - 12 months	Per Month	Total
Tuition and Fees – **may not be 0**	See http://www.ro.umich.edu/tuition/		$ 27,820
Living Expenses for Student	$ 25,200	$ 2,100	$ 8,400
Books & Supplies	$ 2,600	$ 217	$ 868
Health Insurance – **may not be 0**	$ 2,520	$ 210	$ 840
		A: Subtotal for Student	**$ 37,928**

B: Estimated dependent expenses (in addition to the above estimated student expenses, if applicable)

Expense	One Year - 12 months	Per Month	Total
Spouse's living expenses, excluding insurance	$ 6,000	$ 500	$ _____
Each additional dependent, excluding insurance	$ 3,000	$ 250	$ _____
Health Insurance for 1 dependent	$ 2,448	$ 204	$ _____
Insurance for 2 or more dependents	$ 4,896	$ 408	$ _____
		B: Subtotal for Dependent(s)	$ _____

		TOTAL (A plus B) ESTIMATED EXPENSES	$ _____

C: Student's Means of Support

Personal Funds	☐ Include statement(s) of funds (accounts in student's name only)	$ _____
Funds from U-M	U-M tuition waiver per Hong Kong Exchange Agreement (tuition paid to home institution)	$ ____27,820_____
Funds from Family or Sponsor	Specify Source(s) (also include Affidavit of Financial Resources): _____	$ _____
TOTAL AMOUNT OF FINANCIAL SUPPORT (must equal or exceed estimated expenses above)		$ _____

Applicant Declaration: I, _____, **(student's printed name)** hereby certify that the information provided is correct and that my funding meets the requirements outlined above. I understand I am responsible for all anticipated expenses (and those of my dependents) for the length of my stay at the University of Michigan.

Applicant Signature: _____ **Date:** _____

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J-1 EXCHANGE VISITOR INFORMATION FORM
For Issuance of DS-2019
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BIOGRAPHICAL INFORMATION

Information must match the copy of passport provided

Last Name: _____ **First Name:** _____ **Middle Name** *(if any):* _____

Legal Sex: ▢ Male ▢ Female

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

Country of Citizenship: _____

Country of Legal Permanent Residence: _____

Permanent Address (in country of Permanent Residence include postal code):

_____
_____
_____
_____

Phone Number: _____ **Email Address:** _____

U.S. Social Security ID # (if any): _____ **University of Michigan ID # (if any):** _____

Mail DS-2019 To Address (include postal code):

_____
_____
_____
_____

Position or Occupation (in country of Permanent Residence; please indicate level in school if student): _____

Institution/Organization (where position/occupation was held): _____

Major Subject/Field: _____ **Specialty within field:** _____

Do you have a medical doctor degree? ▢ Yes ▢ No **Are you a medical doctor who will apply for a MI Medical License?** ▢ Yes ▢ No

U.S. IMMIGRATION INFORMATION

Have you ever been in a J-1 program before at the University of Michigan?
▢ Yes   ▢ No

Have you held a J-1 or J-2 status at any institution in the past two years preceding this requested program?
▢ Yes   ▢ No

How will you obtain J-1 status? (select one)
▢ I will apply for a J-1 visa at a U.S. consulate/embassy abroad.
▢ I am in the U.S. in another status and will request to change my status to J-1 within the U.S. (process takes 3-5 months)

My current status is: _____
▢ I am currently in J-1 status and will transfer my J-1 program to the University of Michigan (include a copy of your current DS-2019).

Have you applied for or received a 212 (e) [two-year home residency requirement] waiver from the U.S. Department of State?
▢ Yes, applied
▢ Yes, approved
▢ No
▢ Not Applicable

Check all boxes below

▢ I understand I am required to attend a mandatory check-in program at the University of Michigan International Center.
▢ I understand I am required to maintain health insurance that meets the requirements of the U.S. Exchange Visitor Program and the University of Michigan.
▢ I am aware of the 12 and 24 Month Bars on Repeat Participation, including how they apply to J-2 dependents:
   http://internationalcenter.umich.edu/scholars/j1-scholars/12-and-24-bars
▢ I am aware of the 212(e) Two-Year Home Residency Requirement, including how it applies to J-2 dependents:
   http://internationalcenter.umich.edu/j-two-year-requirement
▢ I certify, to the best of my knowledge, all of the information I have supplied is accurate.

Applicant Signature: _____ **Date:** _____