

Name: _____

Return this form to the **School of Dental Medicine:** (FAMILY NAME,) (Given Name)

Date of Birth: _____ Date: _____
(Month / Day / Year) (Month /Day /Year)

REQUEST FOR CERTIFICATE OF ELIGIBILITY (SEVIS FORM I-20 OR SEVIS FORM DS-2019) AND DECLARATION & CERTIFICATION OF FINANCES FOR INTERNATIONAL DENTAL STUDENTS
(To be completed by all International Dental School Students who wish to obtain or maintain F-1 or J-1 status.)

International students who are admitted into full-time dental school at The State University of New York at Stony Brook will need to obtain a Certificate of Eligibility from the University in order to enter and/or remain in the U.S. in F-1 Student or J-1 Exchange Visitor status. This applies to new students, transfer students from another U.S. university, readmitted students, or students transferring to Stony Brook from another SUNY campus.

Please complete this four-page form and return it to the School of Dental Medicine with all supporting documentation after your acceptance into dental school. **TWO original sets of documents should be completed.** Keep one set of originals for the visa or change-of-status application, and send the other set of originals to the Program Coordinator in the School of Dental Medicine. Please note that these supporting documents cannot be returned. **The Certificate of Eligibility will be issued only after you are admitted and have properly completed and returned this form with all requested original documents verifying that you have adequate financial resources to meet your expenses during the ENTIRE period of your anticipated study in the U.S.A.** You will be notified by your department if further documentation is required.

An estimate of minimum yearly expenses is provided below. You must show that you have funds immediately available for the first year of study; and you must also show that adequate funds will be available for each year thereafter from documented financial sources. See the separate information sheet on documenting personal finances if you plan to fund your study through personal funds.

Estimate of yearly Expenses for International Dental Students Stony Brook University - SUNY, 2007 – 2008

	<u>Stipended</u>	<u>Unstipended</u>
Tuition – Full-Time	\$ 29,600	\$ 29,600
Fees:		
University Fee	25	25
Health Fee	309	309
Transportation Fee	210	210
Technology Fee	347	347
Student Activity Fee	75	75
SOM, Anatomy, Dental Clinic Fee & Equipment	9,288	9,288
International Orientation & Student Fees	120	120
<i>Subtotal Tuition & Fees:</i>	<u>\$ 39,974</u>	<u>\$ 39,974</u>
Estimated Living Expenses:*		
Books/Supplies	1,897	1,897
Graduate Student Housing (shared room)	5,000	5,000
Food	3,815	3,815
Personal	6,950	6,950
<i>Subtotal Living Expenses:</i>	<u>\$ 17,662</u>	<u>\$ 17,662</u>
Health Insurance	<u>\$ 180</u>	<u>\$ 849</u>
Total First Year:	<u>\$ 57,816</u>	<u>\$ 58,485</u>

Charges and fees are subject to change.

DEPENDENTS: Students with accompanying dependents must verify **an additional \$6500 per year for their spouse and an additional \$3630 per child per year** for each year of study.

*Please be advised that the above amounts represent the **MINIMUM** amount needed to survive at a very modest level on Long Island. Many students will require additional funds. Some Dental School classes may require additional fees. **It is anticipated that all costs will increase by 7 – 10% each year; please take this into account when completing this form.**

These estimates are valid only for the 2007 – 2008 academic year for a full program of study. If you are admitted and you request a postponement of your admission, you will need to complete a new form. Please contact your academic department to obtain a NEW form if you plan to begin a program in another year.

Continued...

PERSONAL INFORMATION [To be filled out by the Dental student]:

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): _____ Degree Program: Master's Doctoral 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 – DENTAL SCHOOL

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 on page 1.

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.

The program of study is for _____ years.

AMOUNTS IN U.S. DOLLARS

SOURCES OF FINANCIAL SUPPORT	Year 1	Year 2	Year 3	Year 4	Year 5	Each additional year (No. of years more:___)
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Departmental Support (Department completes):

Tuition Scholarship Amount						
FTE Equiv. (Full, ¾, ½, ¼)						
Academic Year Stipend Amount						
Type (TA/ GA/ RA)						
Summer Stipend Amount						
Type (TA/ GA/ RA)						
Other Award (Type: _____)						
<i>Total Yearly Support:</i>						
<i>(Attach copies of award letters) Signature of Department Official _____</i>						

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 -(Dental School Students)

A separate form must be completed by each sponsor who will provide the student with full or partial support during the student's course of study at The State University of New York at Stony Brook. **Two** 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 or their F-2 or J-2 dependents. **SPONSORS MUST SHOW PROOF OF BOTH ANNUAL INCOME AND SAVINGS.**

Sponsor Information:

1). I, _____, a citizen of _____, and residing at _____
(Name of sponsor) (Country) (Street)
_____, with telephone number _____
(City/state) (Country) (Postal code)
_____, certify the following :

2). I am employed in the capacity of _____ with _____ at an annual income/salary of U.S.\$ _____;
OR _____ Position/title name of employer
I am retired as of (date of retirement): _____. I derive an annual income of U.S.\$ _____ from (source): _____.
Attach a current salary or income confirmation statement, on official letterhead, executed in English, by the employer or the banker/accountant (if you are the business owner or retired). U.S. sponsors may attach a copy of the most recent income tax return. If the documentation is not in English, a certified English translation must be attached.

3). I have \$ (U.S.) _____ on deposit in *cashable* savings with the following banks:
1. \$ _____ Name of Bank: _____
2. \$ _____ Name of Bank: _____
3. \$ _____ Name of Bank: _____

Attach a current official financial statement(s), executed in English, by an official of that bank(s), with U.S. dollar equivalents.

4). I have _____ dependent(s) and estimate my annual expenses in U.S. dollars to be: \$ _____ .
(Number) (excluding the student for which this form is executed)

5). This affidavit is executed on behalf of (Name of Student): _____, who is my
(Relationship to You): _____, born on: Month _____ Day _____ Year _____ .

6). I am aware that the full cost of supporting the above-named student for a Dental School education at The State University of New York at Stony Brook is \$58,485 per year [2007-2008 annual estimate].

7). I am willing, able, and do commit to provide the above-named student with the minimum yearly amount of \$ (U.S.) _____ EACH YEAR for her/his tuition, fees and living expenses during his/her program of study at The State University of New York at Stony Brook until [CHOOSE ONE]: [] Completion of studies or [] the following date: _____ [Month/ Day/ Year].

8). [For local sponsors, only]: I will provide housing (room) for this student until [Date (Month/Day/Year)]: _____ at the following address: _____].

9). [For local sponsors, only]: I will provide meals (board) for this student until [Date (Month/Day/Year)]: _____ at the following address: _____.

Dependent Support Information [for students with accompanying dependents, only]:

10). I am willing and able to support the following individuals who will be accompanying the student as her/his dependents:

(a) Name of Spouse: _____ with [CHOOSE ONE]:
[] A yearly amount of US\$ _____ [at least US\$ 6500 is required per year] or [] A total amount of US\$ _____.

(b) Name(s) of child(ren): _____ with [CHOOSE ONE]:
[] A yearly amount, *each*, of US\$ _____ (total, all children, each year: US\$ _____) or
[] A total amount of US\$ _____ for all children [at least US\$ 3630 is required per year per child].

NOTARIZATION: 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 that the statements are true and correct; and I authorize the release of the pertinent documents to the student and/or U.S government officials if requested. [Note: Documents may be notarized at a U.S. Consulate or Embassy.] ONLY PROPERLY NOTARIZED AFFIDAVITS WILL BE ACCEPTED.

Signature of Sponsor (s): _____ Date: _____

Print Name: _____

Notary: Sworn and subscribed before me this _____ day of _____
(month) (year) (signature and seal of notarizing official)

IMPORTANT NOTE: There are notaries public in all U.S. embassies and consulates. There are similar officials in most countries, though their name may be different. They are typically officials licensed by the national or regional government to take sworn statements for courts of law or to witness contracts and property deeds. Contact International Services with any questions. Updated Nov-07