



**Declaration and Certification of Finances (DCF) 631
Application for a Certificate of Eligibility (DS-2019 Form)
Office of International Study Programs, Northeastern University**

403 Richards Hall, 360 Huntington Avenue, Boston, MA 02115

Please indicate the duration of your stay at Northeastern University (Fall and/or Spring).

Fall **Start Date: 8/27/2013** **End Date: 12/14/2013**
 Spring **Start Date: 1/03/2014** **End Date: 4/25/2014**

All exchange students who are neither U.S. citizens nor permanent residents must complete this form. Without complete information and appropriate certification, the Certificate of Eligibility DS-2019 for a J-1 Exchange Visitor cannot be issued. Please type or print carefully. Illegible forms will be returned.

Along with this completed form you will need to submit:

1. **Copy of the identification page of your valid passport**
2. **Original financial document or original award letter**
3. **ISSI Form 305: Statement of Health Insurance Requirement**
4. **Copies of identification pages of dependents' passports (if applicable)**

Section A: Personal Information

Please Note: your name on this application must match your full name as it appears on your passport

Gender: Male Female Marital Status: Single Married

Family/Last/Surname as indicated in your passport: _____

First/Given Name: _____ Middle Name: _____

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

Country of Birth: _____ Country of Citizenship: _____

Country of Legal Permanent Residency: _____ Occupation: _____

Permanent International Home Address

Street: _____ Apt: _____

City: _____ State/Province: _____ Country: _____ Postal Code: _____

Telephone: (_____) _____ Email: _____

Your dependents who wish to accompany you or join you in the U.S during your study will need a separate DS-2019 for their use in applying for J-2 visas and entry into the U.S. Please provide dependents' information on page 2 and attach a copy of dependents' passport identification page.



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Dependent Information (If applicable) if more than one dependent copy this page and attach

Family/Last/Surname: (Print as listed in passport) _____

First/Given and Middle: Name (Print as listed in passport) _____

Relationship: _____ Date of Birth: _____(mm)/_____ (dd)/_____ (yyyy)

City of Birth: _____ Country of Birth: _____

Country of Citizenship: _____

Country of Legal Permanent Residency: _____

Estimate of Expenses: University tuition, fees and living expenses have been agreed upon by Northeastern University. All costs are subject to change by the Northeastern Board of Trustees.

	<u>1 Semester</u>	<u>2 Semesters</u>
Tuition and Fees	WAIVED	WAIVED
Room/Board*and Personal Expenses	\$7,290	\$14,580
Medical Insurance	\$1,125	\$2,249
Books and Supplies	\$700	\$1,400
Total per student (unaccompanied by dependents)	<u>\$9,115</u>	<u>\$18,229</u>

*Room/Board - based on double standard room and 15 meal/week plan

Please note: If you plan to bring your spouse or children, you must document additional funds for your dependents. The additional amounts are \$7,000 for your spouse and \$3,500 for each child (per semester).

Section B: Financial Declaration

Please list all sources of funds below to indicate the amount of support for your program. The totals listed should equal or exceed the estimate of costs given above. Amounts must be in U.S. dollars.

>>Please attach original bank certification of finances or copy of government award letter<<

To be completed by the student's sponsor (For example: self, parental, private sponsor, scholarship, etc.)

	Sponsor Information
Sponsor Name	
Relationship to Student	
Sponsorship Amount (US \$)	
Sponsor Address	
Sponsor Signature & Date (*Required)	

	2nd Sponsor Information (If applicable)
Sponsor Name	
Relationship to Student	
Sponsorship Amount (US \$)	
Sponsor Address	
Sponsor Signature & Date (*Required)	



Section C: Certification of Sources of Funds and Amounts

Current financial documents must accompany this DCF form. Attach one of the following documents to certify the funds in section B; (1) an original bank statement, (2) certified bank letter printed on letterhead, or (3) have a bank official certify the sources and amounts below*. If there is more than one sponsor or financial source(s) please submit additional letters of support and bank documents. **Photocopies of financial documents cannot be accepted.**

All documents must be in English or an official notarized translation must be provided.

*This is to certify that the student /sponsor has funds in the amount of _____ which are available and can be transferred to the U.S. U.S. Dollars

Bank Official: _____
Signature of Bank Official _____ Print Name of Bank Official _____ Print Title _____

Name and Address of Financial Institution: _____

Telephone Number of Financial Institution: _____ Date: _____
mm/dd/yyyy

APPLY BANK SEAL OR STAMP HERE ►

Section D: Student Certification and Signature

I certify that all statements on this form are true. I understand that under the Privacy Act the information I provide cannot be given to anyone outside Northeastern University without my written permission. I also agree to update the University of any changes in my personal or financial circumstances. If I am unable to come during these dates, I must notify the contact person at my home institution and Northeastern University.

The contact person at Northeastern University is Colleen Boyle (Study Abroad Coordinator) C.Boyle@neu.edu

Name of Student (printed): _____ Date: _____
mm/dd/yyyy

Signature of Student: _____

For Northeastern University official use only:

Student ID Number: _____ Exchange Institution (*required): _____

Educational Level Undergraduate Graduate Major Code: _____

This certifies that the above named student has been admitted into the Northeastern University Exchange Program and I have reviewed this request and the attached documents concerning the student's financial status and personal information.

Name of DCF Contact: _____ Telephone Number: _____

Signature of DCF Contact: _____ Date: _____



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