

# **Northeastern University**

**ISSI Forms** 

International Student & Scholar Institute

January 01, 2012

# ISSI form 624: Declaration and certification of finances form for undergraduate colleges, 2012-2013

International Student & Scholar Institute, Northeastern University

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**DCF** 

Many Cultures. One Northeastern.

2012 - 2013 Academic Year

# DECLARATION AND CERTIFICATION OF FINANCES (DCF) FORM

Application for a Certificate of Eligibility (I-20 or DS-2019)

# **Undergraduate Colleges**

for currently enrolled international students applying for a change of nonimmigrant status to F-1 or J-1

Please complete this form and submit it, along with other required documents (see Section VIII) directly to the International Student & Scholar Institute (ISSI) located at the address listed in Section VIII. After receiving all of the required documents the ISSI will need a minimum of two weeks to issue a university sponsored F-1 or J-1 visa eligibility document (I-20 or DS-2019). The form I-20 or DS-2019 is a required documents of your application to Change Nonimmigtrant Status (Form I-539).

#### **IMPORTANT**

- Please make sure to fill out all of the applicable questions on this form.
- Certify that you have at least the amount necessary to cover tuition, fees, and living expenses for the one academic year of your program plus
  estimated expenses for your dependents (if any). Financial documentation must be ORIGINAL
- · All required supporting documents must be in ENGLISH or an official /notarized English translation must be provided.

IN ADDITION, please review the ISSI-137 Form: Change of Status Checklist at <a href="http://www.northeastern.edu/issi/forms.html">http://www.northeastern.edu/issi/forms.html</a>

This form will help you to asemble the materials/documets that you are required to submit to the U.S. Citizenship and Immigration Services (USCIS) along with a Form I-539, Application to Change Nonimmigrant Status (<a href="www.uscis.gov">www.uscis.gov</a>) after you receive your form I-20. The ISSI staff member will advise you about the appropriate rationale and eligibility criteria for requesting a change of nonimmigration status and will assist you throughout the process, if applicable in your situation.

#### **<u>I: PERSONAL INFORMATION</u>** PLEASE TYPE OR PRINT LEGIBLY.

▶ Note: Your name on this application must match your full name as it appears on your passport Always spell your name(s) consistently on all forms/applications.

| 1. Gender:                       | □ Female □ Male                             | 2. Marital Status: ☐ Single        | ☐ Married                           |  |
|----------------------------------|---|------------------------------------|-------------------------------------|--|
| 3. Surname/Fami                  | ly/Last Name as indicated in passport:      |                                    |                                     |  |
| 4. Given/First Na                | me as indicated in passport:                |                                    |                                     |  |
| 5. Middle Name                   | as indicated in passport:                   | <b>6.</b> Date                     | of Birth:                           |  |
|                                  | th:   |                                    |                                     |  |
| 9. Country of Citizenship:       |   | <b>10.</b> Country of Permanent Re | 10. Country of Permanent Residence: |  |
| 11. Occupation:                  |   | 12. Institutional Affiliation:     | 12. Institutional Affiliation:      |  |
| 13. Permanent Ir                 | nternational Home Address (required):       |                                    |                                     |  |
| Street:                          |   |                                    | Apt:                                |  |
| City:                            | State/Province:                             | Country:                           | Postal Code:                        |  |
| Telephone(s): (                  | )   | Fax: ()                            |                                     |  |
| 14. U.S. Address                 | :   |                                    |                                     |  |
| Street:                          |   |                                    | Apt:                                |  |
| City:                            | State: Zip                                  | Code: Telephone: (                 | )                                   |  |
| <b>15.</b> Email(s): ► Note: Ema | il is our primary method of communication v | vith you                           |                                     |  |

# II: DEPENDENT'S INFORMATION (if applicable)

For each dependent (spouse and unmarried children under the age of 21) requesting a dependent visa, in order to accompany the student to the U.S., please provide the following information. If more than two dependents will accompany the applicant, please copy this page and attach. Please refer to Section IV for the estimated expenses for each additional dependent.

| <b>16.</b> Dependent   |                       |                           |                          |                              |                                 |
|--|-----------------------|---------------------------|--------------------------|------------------------------|---------------------------------|
| <b>a.</b> Family/Last N  | Vame:                 | Print as listed in passon | ort                      | <b>b.</b> Given/First Name:  | Print as listed in passport     |
|  |                       |                           |                          |                              | Country                         |
|  |                       |                           |                          |                              |                                 |
| e. Country of Ci   | tizensnip:            |                           |                          | 1. Relationship to Student   | ::                              |
| <b>h.</b> If dependent i   | s currently in the U  | .S., please list his/h    | her immigration status   | S:                           |                                 |
| 17. Dependent  |                       |                           |                          |                              |                                 |
| a. Family/Last N   | lame:                 | District Production       |                          | <b>b.</b> Given/First Name:  | District Control                |
|  |                       |                           |                          |                              |                                 |
| C. Date of Birtin.   | mm/dd                 | /уууу                     | u. Flace of Birtii.      | City                         | Country                         |
| e. Country of Ci   | tizenship:            |                           |                          | f. Relationship to Student   | ::                              |
| <b>h.</b> If dependent i   | s currently in the U  | .S., please list his/h    | her immigration status   | s:                           |                                 |
| 18. Number of Dependent  | S:                    |                           |                          |                              |                                 |
| III: IMMIGRATIO  | ON STATUS I           | NFORMATIO                 | ON                       |                              |                                 |
|  |                       |                           |                          |                              |                                 |
| <b>19.</b> Are you currently in t visa classification?   | he U.S. and/or are y  | ou currently or have      | ve you recently enroll   | led in a U.S. educational in | stitution under F-1/J-1 student |
| ☐ Yes Comp   | lete items 20-27 be   | low                       | □ No Please pr           | roceed to Section IV         |                                 |
| <b>20.</b> What is your current l  | mmigration status?    | □ F-1                     | $\Box$ J-1 $\Box$ Other, | please specify:              |                                 |
| <b>21a.</b> Are you planning to  | matriculate your pro  | ogram at Northeast        | tern under your currer   | nt visa classification?   Ye | es 🗆 No                         |
| <b>21b.</b> Are you planning to  | change your curren    | t visa status by trav     | veling overseas & app    | plying for a student visa at | a U.S. Embassy? □ Yes □ No      |
| <b>21c.</b> Are you planning to change your current visa classification to a student visa status (staying in the U.S.)? □ Yes □ No |                       |                           |                          |                              |                                 |
| 22. If you are coming to NU from another U.S. institution, check the semester you intend to enroll at NU:   Fall   Spring Year:    |                       |                           |                          |                              |                                 |
| <b>23.</b> Name of the institution   | n that issued your c  | urrent/last form I-2      | 20 or DS-2019:           | SEV                          | VIS ID #:                       |
| <b>24.</b> If you now have or ha   | ave had in the past a | an Employment Au          | nthorization Card (EA    | D Card), please list the exp | piration date:                  |
| <b>25.</b> If you are currently in   | the U.S. in J-1 state | us, please check or       | ne of the following op   | tions:                       |                                 |
| ☐ Student  | □ Scholar             | ☐ Other, please           | specify:                 |                              |                                 |
| <b>26.</b> Are you subject to the  | two-year home-co      | untry physical pres       | sence requirement?       | □ Yes □ No                   |                                 |
| <b>27.</b> Have you filed a petit  | ion or has a petition | been filed on your        | r behalf to adjust your  | r status to U.S. Permanent   | Resident? □ Yes □ No            |

## IV: ESTIMATE OF EXPENSES FOR THE ACADEMIC YEAR 2012-2013

Based on two semesters (8 months)

Please note all tuition and fees are subject to revision by the University's Board of Trustees

| \$<br>39,350.00 | Tuition calculated on minimum required full-time course load per academic year   |
|-----------------|--|
| \$<br>395.00    | Fees   |
| \$<br>12,870.00 | Room and Board   |
| \$<br>2,385.00  | Health Plan  |
| \$<br>2,800.00  | Books, supplies and personal/miscellaneous expenses  |
| \$<br>57,800.00 | TOTAL PER STUDENT UNACCOMPANIED BY DEPENDENT(S)  |
|                 |  |
|                 | TOTAL PER STUDENT ACCOMPANIED BY DEPENDENT(S)  |
|                 | Living expenses of dependents (if applicable): Spouse - add \$6,500; Child Dependent(s) - add \$3,500 for each dependent child |
|                 |  |

#### V: FINANCIAL DECLARATION

Please refer to the DCF Form Instruction Sheet: ISSI Form 600/C to complete this section.

**28.** Indicate if and how your government may restrict the transfer of your funds: \_\_\_\_\_

#### LIST THE AMOUNT IN U.S. DOLLARS THAT IS AVAILABLE TO YOU FROM EACH OF YOUR FINANCIAL RESOURCES:

| Funds                       | Amount in US dollars | Required Supporting Financial Documents  |
|-----------------------------|----------------------|--|
| 29. Personal Funds          | \$                   | Please include original bank letter in your own name showing available balances sufficient to meet your expenses <b>OR</b> complete Section VI from item <b>34-37</b> .  |
| 30. Family Funds            | \$                   | Please submit original affidavit of support from your parent or other relative(s) which guarantees financial support. This document must include: your name, your relative's name, their address, the dollar amount being provided, and your relative's bank letter showing the available amount sufficient to meet your expenses <b>OR</b> complete Section VI from item <b>34-37</b> . |
| 31. Northeastern University | \$                   | Copy of your Northeastern University award letter on Northeastern stationary/letterhead (e.g., Dean's Scholarship).  |
| 32. Other Sources of Funds  | \$                   | Follow Family Funds requirement.   |
| 33. Government Funds        | \$                   | The official sponsorship letter stating the condition of the award. The letter should specify the name and address of the sponsor/sponsoring agency, the total amount in US dollars for the school of Northeastern in which you will be enrolling, the major field, degree, and the period for which funding is guaranteed.  |

#### VI: OFFICIAL CERTIFICATION OF SOURCE(S) OF FUNDS AND AMOUNTS

Financial Documents must be certified within 12 months prior to the program start date.

All submitted financial documents must be ORIGINAL, signed and dated by you and your sponsor and written in ENGLISH with amounts

listed in U.S. dollars 34. "This is to certify that I have read the financial information in Sections IV and V provided by the student named on this form. It is true and accurate information, and that the student/sponsor has funds which are available and can be transferred to the US" List US \$ Amount 35. Bank Official: Signature of Bank Official Print Name of Bank Official Print Title a. Name and Address of Financial Institution: b. Telephone Number of Financial Institution: \_\_\_\_\_\_\_ Date: \_\_\_\_\_\_ 36. APPLY BANK SEAL OR STAMP HERE ▶ 37. Must be completed and signed by Guarantor/Sponsor - Please read the following statement and sign below: "This is to certify that I have read the financial information in Part 4 on this form. The funds listed in Section V (items 29, 30 or 32) are available and will be provided" c. Address of Guarantor/Sponsor: \_\_\_ d. Signature of Guarantor/Sponsor: Date:

**38. Please read the following statement and sign below:** "I certify that the above information is complete, accurate, and true. I take full financial responsibility for all of my educational and personal expenses"

Student's signature (required): Date: \_\_

#### VII: DELIVERY INSTRUCTIONS

## Documents will not be mailed without complete and clear delivery instructions

The ISSI requires a minimum of two weeks after receipt of the complete application to issue an I-20 or DS-2019 form.

| <b>39.</b> De | livery (select one A or B)  |  |
|---------------|---|--|
| □ <b>A.</b>   | Hold visa eligibility document at the ISSI for pick-up. Please contact this | s person:                                    |
|               | at this U.S. Telephone Number when ready: ()                                | Extension:                                   |
| □ <b>B</b> .  | Mail visa eligibility document to the following address (please fill in add | dress below; type or print in block letters) |
|               | Mailing Address (Required): Valid Until:                                    |  |
|               | Street Address line 1: Note: Express services cannot deliver to a P.O. Box  |  |
|               | Street Address line 2:  |  |
|               | City:   | State/Province:                              |
|               | Country:  | ZIP/Postal Code (required):                  |
|               | Mailing Address Telephone Number (required):                                |  |
|               |   |  |

#### PLEASE NOTE:

The ISSI, as per university policy, ships all documents by USPS First-Class Mail service only. Students who wish to have his/her form I-20 returned by express service can submit a pre-paid, self-addressed return envelop from a reliable delivery company (e.g.,FedEx, DHL, TNT etc.) with the DCF form.

#### **VIII: REQUIRED SUPPORTING DOCUMENTS**

In addition to the complete Declaration & Certification of Finance (DCF) Form, the student is required to submit the following documents:

1. The original financial documentation covering all expenses for one academic year, as listed on Section V (e.g., student's bank statement, affidavit of support, letter from government agency, NU award letter, etc.,) If the student has more than one source of funding, he or she must provide the required documentation corresponding to each source listed on Section V.

All submitted financial documents must be ORIGINAL, signed and dated by the student and his /her sponsor and written in ENGLISH with amounts listed in U.S. dollars.

- 2. A copy of the identity page(s) of the student's passport
- 3. A copy of the visa on which the student last enthered the U.S.
- 4. A copy of both sides of I-94 card (the student's Arrival-Departure Record)
- **5.** Any immigration document that may establish the validity of the student's status at the time of application should be included (e.g., form I-797, EAD card..).

For detailed information please check the ISSI -137 Form: Change of Status Checklis <a href="http://www.northeastern.edu/issi/forms.html">http://www.northeastern.edu/issi/forms.html</a>

Please submit the original DCF Form and all applicable documents to:

International Student & Scholar Institute

Northeastern University

405 Ell Hall, 360 Huntington Avenue,

Boston, MA 02115

Phone: 617-373-2310, Fax: 617-373-8788

SEVIS I-901 Fee must be paid by international students with 'Initial Attendance' I-20 form.

For detailed information, please refer to the following website <a href="https://www.fmjfee.com/i901fee/">https://www.fmjfee.com/i901fee/</a>

#### Please remember:

SEVIS I-901 Fee must be processed at least three days before a visa interview at the U.S. Consulate unless the applicant has a printed receipt from Internet payment. The SEVIS I-901 fee cannot be processed at a U.S. Consulate or at a U.S. Port of Entry. An F-2 or J-2 dependent is not required to pay the SEVIS I-901fee.