

International College Program

DS-2019 Request Form

☐ Fall 20__ ☐ Spring 20__

Applicant Information: *Please print your name as it appears on your passport in all capital letters.*

Family/Last Name: _____ First _____
 Middle Name: _____ Telephone: _____
 Gender: ☐ Male ☐ Female Date of Birth (MM/DD/YYYY): _____
 Country of Birth: _____ City of Birth: _____
 Country of Citizenship: _____ Email Address: _____

Foreign Address

Address Line 1: _____
 Address Line 2: _____
 Address Line 3: _____
 City: _____
 State/Province: _____
 Postal Code: _____
 Country: _____

U.S. Address (if available):

Address Line 1: _____
 Address Line 2: _____
 Address Line 3: _____
 City: _____
 State/Province: _____
 Zip Code: _____
 Country: _____

Educational Information:

Graduated from High School? ☐ Yes ☐ No Date of High School Graduation _____
 Have you ever attended Valencia? ☐ Yes ☐ No Dates attended: from _____ to _____
 Current University/College/Institute _____
 Career/major course of study _____ Dates attended: from _____ to _____

Emergency Contact::

Name: _____ Relationship: _____
 Phone (including country and city code): _____
 Email Address: _____

I certify that all information on this application is true. I agree to abide by all Valencia College rules and regulations. I agree to pay Valencia's tuition and fees and any reasonable collection costs if applicable.

Student Signature: _____ Date _____

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Verification of Academic Standing Form

Please print and fill in the first section of this form. This form is to be filled out by a professor or school official who is able to comment on your academic standing and program of study.

Part 1: To be completed by student.

Date (mm/dd/yyyy): _____

Student's Name: _____

Current Institution: _____

Major: _____

Date of Degree Completion: _____

(mm/dd/yyyy)

Are you a full-time student? ☐ Yes ☐ No

Part 2: To be complete by professor or school official. Please share any additional information about the student (if applicable).

As a representative of the above institution, I attest that the student mentioned on this form is in good academic standing and their course of study directly relates to Valencia's J Exchange Visitor Program titled "Valencia's International College Program with Academic Training at the *Walt Disney World Resort*."

School Official's Name : _____ School Official's Title/Department: _____

Official's Phone Number: _____ Official's Email: _____

School Official's Signature: _____

Date (mm/dd/yyyy): _____

Essay Question

Below please write a short paragraph explaining why you want to participate in Valencia's Exchange Visitor Program and how it relates to your course of study. Please print clearly.

[illegible]

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Declaration of Finances/Affidavit of Financial Support

*This confidential financial certification form **MUST** be completed before the DS-2019 will be issued. Supporting financial documents can be no more than 30 days old from the date of application or reapplication. If you have any questions about completing this form, please see your school contact.*

Description	Fees
Application fee	\$50
Tuition fee (full-time enrollment—12 credit hours)	\$2450
Accident and Sickness Insurance, 6 months (mandatory)*	\$690
*Subject to change	
Living expenses for 2 weeks before first WDW pay (food, transportation, etc.)	\$400
Total Financial Requirement	\$3,590

Financial Support in U.S. Dollars:

NOTE: No investment or credit card accounts will be considered.

1. Personal Checking and/or Savings Amount : \$ _____

2. Sponsor(s) Funds Amount: \$ _____

Print Sponsor(s) Name: _____

Sponsor(s) Address: _____

3. J-1 Student's Government/Other Organizational Sponsorship Funds Amount: \$ _____

Print Name of Agency: _____

TOTAL: \$ _____

AFFIDAVIT OF FINANCIAL SUPPORT

The affidavit below must be completed by the family member or sponsor and must match the name of the account holder provided in the bank letter or statement. Students do not need to complete this section if all financial support comes from personal funds.

Subject: Funding for _____

(Name of Student)

Please note that I, _____ do hereby affirm that I will provide financial support for the participant

(Sponsor Name)

listed above from _____ through _____ in the amount of _____ .

(Program Start Date)

(Program End Date)

(U.S. Dollars)

These funds will pay for the fees described in the Certification of Finances Form. Enclosed is a bank letter or bank statement from my financial institution.

Signature of Sponsor: _____

Date Signed: _____

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J Exchange Visitor Responsibility Form

All exchange visitors are responsible for learning, understanding, and complying with United States federal laws and regulations governing the J visa. Failure to do so will violate the exchange visitor's legal status in the U.S. Please read the information below. Then sign and date the form and submit it with your registration packet.

As an Exchange Visitor, my responsibilities include but may not be limited to the following items listed below:

- Upon arrival to the United States, check in with the RO/ARO and get registered in SEVIS.
- Retain required documentation at all times which include a valid DS-2019, I-94 card, and valid passport during the entire length of the program.
- Engage only in appropriate activities permitted, specifically in Section 4 of the DS-2019.
- Report address changes to your assigned RO/ARO within ten (10) days of the move date.
- Maintain the required sickness and injury insurance coverage for the entire program period.
- Comply with employment guidelines and refrain from any unauthorized employment. All employment activity that is not included in Part 4 on the DS-2019 must be approved in writing by the RO/ARO before the activity begins. Students may only work at the designated internship site and be "in good standing" with their employer.
- Report any proposed program changes to the RO/ARO in advance.
- Obtain a travel signature on the DS-2019 from the RO/ARO prior to departing the United States anytime during your program duration. Please note that exchange visitors may not be allowed to re-enter the U.S. without travel authorization.
- Comply with all academic program guidelines and acceptable standards of conduct.
- As email is the primary means of communication with Valencia, I agree to check my email on a regular basis while in this program.
- Report my departure date and reason to the RO/ARO in advance. I must depart the United States within 30 days of completing or ceasing program activities. Overstaying the 30 days is a serious immigration violation that may negatively affect my ability to obtain a new visa or re-enter the U.S. in the future.
- **Home-Country Physical Presence Requirement:** This requirement means that an Exchange Visitor who is within the purview of section 212(e) of the Immigration and Nationality Act (substantially quoted in §62.44) must reside and be physically present in the country of nationality or last legal permanent residence for an aggregate of at least two years following departure from the United States before the exchange visitor is eligible to apply for an immigrant visa or permanent residence, a nonimmigrant H visa as a temporary worker or trainee, a nonimmigrant L visa as an intra-company transferee, or a nonimmigrant H or L visa as the spouse or minor child of a person who is a temporary worker or trainee or an intra-company transfer-ee.
- **Cancellation Policy:** There are **NO** refunds after the start of the program unless there is a family or national emergency. In that case, a prorated refund on tuition may apply. If your visa is denied by the U.S. Department of State, the \$50 application fee is nonrefundable.

I have read and understood my responsibilities as an Exchange Visitor at Valencia College. I understand that failure to comply with the above requirements will result in the termination of my DS-2019, my program at Valencia College, and all employment contracts. I also understand a termination of my DS-2019 may negatively affect my ability to obtain a new visa in the future.

I have read and agree to comply with the terms and conditions of my admission and those of any extensions of stay as specified by federal regulations. I certify that all information provided on these forms refers specifically to me and is true and correct to the best of my knowledge. I certify that I seek to enter or remain in the United States temporarily, at Valencia College, solely for the purpose of pursuing the activity or activities identified in item 4 of the DS-2019.

Exchange Visitor's Name (Print)

Signature

Date