

# Short-Term Exchange Financial Statement

**Non-degree, Short-Term, Special Students**  
**INTERNATIONAL STUDENT & SCHOLAR SERVICES**

To be completed by students admitted to Vanderbilt University for an established exchange program, as a Special Non-Degree student, or a program that is not specifically listed in a Vanderbilt University Bulletin/Academic Catalog. For your DS-2019 to be processed, you must submit this completed form with *proof of funding, copy of passport ID page or national identification, dependent information and transfer form (if applicable)*. **Email submission of documents is preferred. Scanned documents can be emailed to [iss@vanderbilt.edu](mailto:iss@vanderbilt.edu).**

No action will be taken on incomplete forms. International students are not eligible for U.S. federally-funded financial aid. ISSS does not maintain scholarship, grant, or loan information. Tuition, fees, living expenses, and health insurance rates are reviewed annually and typically increase each year.

## NON-DEGREE LIMITATIONS

Non-degree students can participate in a non-degree program for **no more than 24 months**. Movement from a Student Non-Degree category to Student Bachelors, Masters or Doctorate, is not allowed by the Department of State (DOS). This change would be viewed by the Department of State as a change in objective requiring an application for change of category (with non-refundable fee). Category changes require proving to DOS that the change is "necessary due to unusual or exceptional circumstances," and are not frequently granted by DOS. Therefore, a student in J-1 non-degree status would have to travel outside the U.S. and reenter with a new degree seeking DS-2019 before beginning the degree program.

**Non-Degree Students considering being a degree seeking student after their non-degree program should contact an International Student Adviser in ISSS to discuss Visa alternatives.**

## STUDENT INFORMATION

_____ LAST/FAMILY NAME, capitalized		_____ First/Given Name	_____ Middle Name
_____ Date of Birth: Month (MM), Day (DD), Year (YYYY)		_____ Country of Birth	_____ City of Birth
<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Single	<input type="checkbox"/> Married
_____ Country of Citizenship		_____ Country of Legal Permanent Residence	
_____ Home Country Telephone Number		_____ E-mail Address	
_____ Students, Academic Level Currently Pursuing in Home Country		- OR - _____ Non-Students, give your Home Country Occupation/Profession	
_____ Home Country Foreign Address <u>Required</u>		_____ Street Name, House or Apartment #	
<small>(Physical addresses only. If DS-2019 mailing address is different, please submit mailing address on separate sheet of paper.)</small>			
_____ City		_____ State/Province	
_____ Country		_____ Country Mail Code	

## DEPENDENT INFORMATION

Will family (spouse/children) enter the U.S. with you?  Yes  No

If yes, provide the following information per family member:

• LAST NAME, First Name	• Relation to you (husband, wife, son, daughter)
• Date of Birth (mm/dd/yyyy)	• Birthplace (city and country)
• Country of Permanent Residence	• Copy of passport ID page(s) or national identification

## HEALTH INSURANCE

Health insurance is an immigration requirement by the Department of State for all individuals on a J Visa. Students enrolled in classes will automatically be enrolled in the Vanderbilt Gallagher-Koster Health Insurance Plan.

Students not required to enroll in classes for their program and in the U.S. for 60 days or less may enroll in the Vanderbilt Gallagher-Koster Short-Term Health Insurance Plan. For more information regarding health insurance visit the ISSS website at <http://www.vanderbilt.edu/iss/resources/>.

# EXPENSES

<b>A.</b>	<b>Tuition (based on one academic year)</b>		<b>Check One</b>	
	Undergraduate _____		<input type="checkbox"/>	
	Graduate School _____		<input type="checkbox"/>	
	Divinity School _____		<input type="checkbox"/>	
	Law School _____		<input type="checkbox"/>	
	School of Medicine (M.D.) _____		<input type="checkbox"/>	
	Hearing & Speech _____		<input type="checkbox"/>	
	MSCI, MPH _____		<input type="checkbox"/>	
	Master of Laboratory Investigation _____		<input type="checkbox"/>	
	Medical Physics _____		<input type="checkbox"/>	
	School of Nursing _____		<input type="checkbox"/>	
	OWEN Graduate School of Management _____		<input type="checkbox"/>	
	Peabody College _____		<input type="checkbox"/>	
				_____
				Total Tuition
<b>B.</b>	<b>Required Fees (Activity and Transcript)</b>		<b>Check One</b>	
	Undergraduate students (includes 1 <sup>st</sup> year experience fee) _____		<input type="checkbox"/>	
	Graduate/professional students _____		<input type="checkbox"/>	
				_____
				Total Activity Fees
<b>C.</b>	<b>Academic Program Fees (if applicable)</b>		<b>Check All That Apply</b>	
	Undergraduate Engineering students _____		<input type="checkbox"/>	
	PAVE Program _____		<input type="checkbox"/>	
	OWEN Fees (Laptop, USBCC/English Camp, Orientation) _____		<input type="checkbox"/>	
	Nursing Students (Malpractice, Lab, and Other fees) _____		<input type="checkbox"/>	
	School of Medicine - MD (Liability/Disability, Other fees, laptop) _____		<input type="checkbox"/>	
	All Medicine Programs (Medical/Dental not covered by Ins.) _____		<input type="checkbox"/>	
				_____
				Total Academic Fees
<b>D.</b>	<b>Student Living Expenses</b>	<b>Per month</b>		
	_____ X _____			
			# months	_____
				Total Living Expenses
<b>E.</b>	<b>Dependent Living Expenses</b>	<b>Per month</b>		
	<b>Spouse</b> _____ X _____			
	<b>Child</b> _____ X _____			
			#months      X      # children	_____
				Total Dependent Living Exp.
	<b>Dependent Health Insurance</b>	<b>Per Semester</b>		
	<b>Spouse</b> _____			
	<b>Child</b> _____ X _____			
			# children	_____
				Total Dependent Health Ins.
<b>F.</b>	<b>Health Insurance, Student Only*</b> (_____, Per Semester - Required)			
	(Student & Dependent Health Insurance is <u>required</u> ; Amounts based on current health insurance rates; annual increases expected)			_____
	*If studying at Vanderbilt for 60 Days or less: <a href="http://www.vanderbilt.edu/isss/resources/short-term-students/">http://www.vanderbilt.edu/isss/resources/short-term-students/</a>			Total Student Insurance
<b>G.</b>	<b>Books and Supplies</b> (_____, Required)			_____
				Total Books and Supplies
<b>H.</b>	<b>TOTAL EXPENSES</b> (Note: Total Expenses should be equal to, or less than, Total Support)			<b>\$</b> _____
				(sum of items A-G)

# SOURCE OF SUPPORT

Vanderbilt University	\$ _____
Personal or Family Funds*	\$ _____
Home Government*	\$ _____
Other (please describe)*	\$ _____
<b>TOTAL SUPPORT</b>	<b>\$</b> _____

**\*If university assistance does not cover all expenses**, provide additional proof of funding in the form of an original, current bank statement that:

1. Indicates the amount of money available (current balance)
2. Is signed and dated by bank official within the past 3 months
3. If the account is not in your name, the account holder must write a letter of permission for use of funds to support your study in the U.S.

I certify all information provided is accurate. Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Or Legal Guardian if under age 18)