**J-1 Student Intern Financial Guarantee**

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| **SECTION 1: INTERN NAME AND PROGRAM INFORMATION** |
|  **Passport Family/Last Name:** | **Passport Given/First Name(s):** | **Middle Name:** |
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| **Internship Dates** (Month/Day/Year)**From:** Click or tap to enter a date. |

 | **To:** Click or tap to enter a date. | **Position Title:** |

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| **SECTION 2: FINANCIAL SUPPORT INFORMATION** |

Students must demonstrate availability of funding in the amount of U.S. $1,667 per month of their internship. Additional funding must be provided for dependents: $8,000 per year for spouse and $5,000 per year for each child. Proof of investment accounts, stocks or security holdings, insurance, property or employment income are **not** acceptable forms of financial support.

**Funding**Indicate all applicable funding sources in U.S. dollars; provide supplemental documentation. I certify that the total amount required is available to me from one OR a combination of the following:

|  |  |  |  |
| --- | --- | --- | --- |
| **Funding Source** | **Amount per Month (USD)** | **# of months** | **Total Amount** |
| **California State University, Northridge Salary** (including government grants):Click or tap here to enter text. | $  |  | $ |
| **CSU Northridge – Other** (Specify i.e., reimbursement, per diem, etc**.**):Click or tap here to enter text. | $ |  | $ |
| **U.S. Government Agency** (including government grants given directly to the visitor for international exchange):Click or tap here to enter text. | $  |  | $ |
| **Visitor’s Home Government** (paid directly only):Click or tap here to enter text. | $ |  | $ |
| **Binational Commission** (Paid directly only, i.e., Fulbright):Click or tap here to enter text. | $ |  | $ |
| **Personal Funds** (attach copy of bank statement):Click or tap here to enter text. | $ |  | $ |
| **Other** (specify below, e.g., home institute name):Click or tap here to enter text. | $ |  | $ |
| **AGGREGATE TOTAL FOR VISIT** | $ |

**Personal Funds** (including scholarships and grants)
Please attach an official and original bank statement printed out by the bank and/or an original signed and stamped letter from a bank representative stating the amount in the account.

I certify that through my account with a banking institution, I have available the minimum financial guarantee, as specified above, required for university attendance.

**Student Signature**: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Date**: Click or tap to enter a date.

**Third Party Funding** (from family and friends)
Please attach an official and original bank statement, in your sponsor’s name, printed out by the bank and/or an original signed and stamped letter from a bank representative stating the amount in the account. Also, the student must show a connection between the sponsor and the student; please have your sponsor sign below the following statement or attach assigned letter containing the below statement and contact information.

“I am willing and able to guarantee the financial support of the student for the required amount (as listed above) per year including the appropriate higher amount depending on situation or the duration of his/her university studies. I am NOT a nonimmigrant student and I do not hold any other temporary visa status in the United States.”

**Signature of Sponsor**: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Date**: Click or tap to enter a date.

Sponsor’s relationship to student (e.g., parent, friend): Click or tap here to enter text.

Sponsor’s Name: Click or tap here to enter text.

Sponsor’s Telephone Number: Click or tap here to enter text.

**Benefits**As part of resource allocation, what type of benefits do you intend to provide?

[ ]  No Benefits - for employees who work less than 3 months

[ ]  Benefit Category Group B - for employees working an average of 30 or more hours a week

* Vacation - Dental Plan
* Sick Leave - Vision Plan
* Personal Holiday - Life Insurance/AD&D
* Paid Holidays - Retirement Benefits (under specific conditions)
* Health Insurance - Tax Sheltered Annuity Plan

**Health Care Insurance**The CSUN-sponsored health insurance does not become effective immediately. All visitors need to have health and accident insurance policy offering at least U.S. $100,000.00 (USD) in major medical and hospital coverage. Therefore, proof of health insurance *(including provisions for evacuation and repatriation)* is required for the first 30 days of the appointment. Once the CSUN-sponsored health care benefits take effect, the visiting scholar will no longer need to provide proof of health care insurance.

**Repatriation and Evacuation Insurance**In addition to healthcare coverage, visitors must have insurance coverage of ***$25,000.00 (USD) in repatriation and $50,000.00 (USD) evacuation costs*** through their entire appointment at CSUN. Additionally, the visitor’s deductible should not exceed $500 USD per accident or illness.

To purchase the adequate insurance policy, we strongly recommend jcb Insurance Solutions:

* Go to <https://jcbins.com>
* Type CSUN in the search box
* Select your plan year (i.e. 2020/2021) and your student category (i.e. International). Click Go.
* Scroll down and click 'Start Here'
* Answer Question #1. Then Select Coverage Term (i.e. Annual, Fall only).
* Click "Agree to Terms & Conditions"
* Create account
* Make payment

If the policy is purchased elsewhere, please bring a receipt showing proof of expiration date as well as the policy description, or a letter from the insurance company with your full name verifying that your current insurance meets the above requirements. Policies purchased in countries other than the United States must be officially translated in English and all relevant amounts must be in U.S. dollars.

**Verification of Funds**

**Human Resources Approval from** **The University Corporation (TUC) at CSUN:**

Print Name: Click or tap here to enter text.

Title: Click or tap here to enter text.

Signature: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date: Click or tap to enter a date.

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**Budget Verification from The University Corporation (TUC) at CSUN if the planned visit will use CSUN grant funds managed by TUC:**

The signature of the University Corporation representative, below, confirms that the grant funds as proposed in the budget above are available and are being appropriately used for the proposed scholarly visit as outlined above.

Print Name: Click or tap here to enter text.

Title: Click or tap here to enter text.

Signature: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date: Click or tap here to enter text.