



The Johns Hopkins Medical Institutions
Office of International Services

Reed Hall, 1st Floor 1620 McElderry Street
Baltimore, Maryland 21205
Phone: 410.955.3371 Fax: 410.955.0871
www.hopkinsmedicine.org/intlsvcs

**Request for Certification of Non-Immigrant
F-1 Student Visa Status**

In order to comply with all applicable U.S. immigration and nationality laws, the Designated School Official (DSO), designated by the United States Citizen & Immigration Service (CIS), is required to make certain determinations regarding a foreign national's eligibility for F-1 student visa status prior to issuing Form I-20.

While the Johns Hopkins Medical Institutions (JHMI) wishes to maintain its international prominence in education and research, there has been genuine confusion concerning the appropriate visa status for candidates applying for admission and/or acceptance to various degree programs, certificate programs, summer programs, and so on. As a result of this confusion, the local and federal regulations governing visa sponsorship have been subject to broad, and often inappropriate, interpretation. In order to avoid any future misinformation and/or misinterpretation, please contact the *Office of International Services* (OIS) with any question you may have concerning visa status for foreign nationals. You may also want to visit the office web site at www.hopkinsmedicine.org/intlsvcs.

Procedures for submitting a Request for Certification

- Complete the attached Request for Certification and complete the information concerning SEVIS fee payment for Non-Immigrant F-1 Visa Status indicated below. Be sure to include the necessary FedEx account for mailing documents overseas.
- Obtain proof of financial support (if required) in English and in U.S. dollars.
- Obtain all required signatures on the request form.
- Submit copies of passport ID pages for the student and dependent(s).
- Forward the completed request form, including the SEVIS fee payment information (below), to the Office of International Services, Reed Hall, Room 1120.

Any forms sent incomplete *will not* be processed. Please be sure to allow the OIS two weeks (10 business days) to process request forms once they are received and complete.

If you have any additional questions and/or concerns, please do not hesitate to contact the OIS at 410.955.3371.

*****REQUIRED AS OF 09/01/2004: SEVIS FEE INFORMATION*****
(CHECK ONE BOX)

As a result of the events of September 11, 2001, the U.S. Department of Homeland Security requires \$200 fee payment for all forms generated by the Student and Exchange Visitor Information System (SEVIS). Please indicate how this fee will be handled for the incoming international for whom this form applies.

The international applicant (incoming F student or J exchange visitor) will pay the SEVIS fee in the home country using the internet.

The international applicant (incoming F student or J exchange visitor) will pay the SEVIS fee directly to the U.S. Department of Homeland Security via U.S. mail and wait for the receipt to be sent back via U.S. postal service to the home country.

The Sponsoring Hopkins Department will pay the SEVIS fee and forward original proof of payment to Office of International Services.

A third party other than the sponsoring Hopkins department will pay the SEVIS fee and forward proof of payment directly to the incoming F student or J exchange visitor in the home country.

Only Designated School Officials in the OIS who are registered with the CIS authorized to sign official U.S. government petitions and/or issue Form I-20 for students seeking F-1 student status. Faculty or administrators are **not** authorized to sign these types of documents.

REQUEST FOR CERTIFICATION FOR NON-IMMIGRANT F-1 STUDENT VISA STATUS

The following section must be completed by the prospective student. Please attach copies of the students passport id page.

Salutation: Dr. Mr. Mrs. Ms. Male Female Single Married
Family Name _____ Given Name _____ Middle Name _____
SSN: _____ ITIN: _____ Date of Birth ____ / ____ / ____
mm dd yyyy
City of Birth: _____ Country of Birth: _____ Country of Citizenship _____
Country of Residence: _____ Occupation in Home Country: _____

Address in Home Country: Number and street _____
City _____ State/Province _____ Country _____ Postal Code _____
Phone: _____ / _____ E-Mail _____

U. S. Address: Number and street _____
City _____ State _____ Postal Code _____
Phone: _____ / _____ E-Mail _____

Address to which I-20 Form is to be sent: (Note: can NOT be a post office box) Number and Street _____
City _____ State/Province _____ Country _____ Postal Code _____
Phone: _____ / _____ E-Mail _____

Are you currently in the U.S.? Yes No If you answered "yes" to the previous question, what is your current visa status? _____

When does your current visa status expire? ____ / ____ / ____
mm dd yyyy

If you are currently in F-1 visa status, what school do you now attend? _____

Do you intend to leave the U.S. prior to beginning your degree program at JHMI? Yes No

Number of Accompanying Family Members: _____ For each family member, please provide the following information:

Salutation: Dr. Mr. Mrs. Ms. Male Female Relationship _____ Date of Birth ____ / ____ / ____
mm dd yyyy
Family Name _____ Given Name _____ Middle Name _____
SSN: _____ ITIN: _____ City of Birth: _____
Country of Birth: _____ Country of Citizenship _____ Country of Residence: _____

Salutation: Dr. Mr. Mrs. Ms. Male Female Relationship _____ Date of Birth ____ / ____ / ____
mm dd yyyy
Family Name _____ Given Name _____ Middle Name _____
SSN: _____ ITIN: _____ City of Birth: _____
Country of Birth: _____ Country of Citizenship _____ Country of Residence: _____

Salutation: Dr. Mr. Mrs. Ms. Male Female Relationship _____ Date of Birth ____ / ____ / ____
mm dd yyyy
Family Name _____ Given Name _____ Middle Name _____
SSN: _____ ITIN: _____ City of Birth: _____
Country of Birth: _____ Country of Citizenship _____ Country of Residence: _____

The following section must be completed by an Academic Advisor and/or Department Director at the Johns Hopkins Medical Institutions.

I. This certificate is issued to the student named above for:

- Initial attendance at The Johns Hopkins Medical Institutions.
- Continued attendance at The Johns Hopkins Medical Institutions.
- Transfer from another educational institution: _____
name of institution and degree earned/sought
- Use by dependent(s) for entering the United States
- Other: _____

II. The student named above has been accepted for a full course of study, majoring in the field of _____.

Degree sought _____

The student is expected to report to The Johns Hopkins Medical Institutions no later than ____ / ____ / ____ and complete his/her degree program no later than ____ / ____ / ____.

III. Complete the following as appropriate:

Is proficiency in the English language required? Yes No

If you answer "yes" to the previous question, complete the following:

The school has determined that the student has the required proficiency based on: TOEFL Other: _____

If the student is not yet proficient, he/she will be given instruction consisting of the following: _____

If you answered "no" to the previous question, complete the following: _____

English is NOT a requirement because (explain): _____

If the student is currently at JHMI, is he/she enrolled FULL-TIME? Yes No

If you answered "no" to the previous question, please explain: _____

IV. The student's estimated academic year/annual costs include the following:

Tuition & fees: \$ _____

Living Expenses \$ _____

Expenses of Dependents \$ _____

Other \$ _____ Specify _____

TOTAL \$ _____

V. Documentation has been provided showing the following as the student's means of meeting the costs listed above:

Personal funds of the student \$ _____

Family funds \$ _____

Funds from JHMI \$ _____ Specify Type: _____

Funds from another source \$ _____ Specify Type/Source: _____

On-Campus Employment \$ _____

If funding is NOT provided by JHMI, additional proof of funding MUST be submitted with this application. It must be in English and in U.S. Dollars.

Department & Division Requesting Sponsorship (e.g., Department of International Health, Division of Nutrition):

Department: _____ Division: _____

Department Administrative Contact: Name _____ Address: Number and street _____

City _____ State _____ Postal Code _____

Phone: _____ / _____ Fax _____ / _____ E-Mail _____

Preceptor / Advisor Contact: Name _____ Address: Number and street _____

City _____ State _____ Postal Code _____

Phone: _____ / _____ Fax _____ / _____ E-Mail _____

To ensure prompt and accurate delivery of visa documents, you must provide your FEDEX ACCT #: _____

By signing below all parties hereby attest that this student is in good standing and making normal academic progress toward their degree.

Required Signatures
Preceptor / Advisor: _____ Date: _____
Department Director: _____ Date: _____