

# J-1 Exchange Visitor DS-2019 Application

**PLEASE COMPLETE ALL THE INFORMATION REQUESTED. THE DS-2019 FORM CANNOT BE MADE WITHOUT ALL THE NECESSARY INFORMATION.**

Today's date \_\_\_\_\_ (Note: exchange arrangements should begin a minimum 4-5 months prior to expected arrival date.)

Family Name:
First Name:
Middle Name:
Email:
Gender:            Male <input type="checkbox"/> Female <input type="checkbox"/> Date of Birth:
City of Birth:
Country of Birth:
Country of Citizenship:
Country of Legal Permanent Residence:

Position (Occupation/Title) in home country:

Name of Employer:

## FINANCIAL SUPPORT

Please enter exact money, source(s), and description: **DOCUMENTS WILL NOT BE MADE WITHOUT THIS INFORMATION. IT IS FEDERAL REGULATION THAT THE SCHOLAR HAVE PROOF OF ALL FUNDING.**

Amount	Source	Description

**Attach** documentary evidence that the visitor can meet the minimum of \$1,200 per month for living expenses (housing, meals, health insurance, transportation, etc.). Statements should be on letterhead stationery, should specify dollar amounts and type of compensation or support, and be signed by the responsible party.

Upon arrival, the visitor will need to bring to the International Programs Office evidence of adequate health insurance coverage throughout their stay in the United States. The J-1 visa has the following federally mandated requirements:

- Medical benefits of at least **\$100,000** per accident or illness
- A deductible not to exceed **\$500** per accident or illness
- Repatriation of remains (in case of death) in the amount of **\$2,5000**
- Expenses associated with medical evacuation to home country, up to **\$50,000**

If the visitor does not have the required minimum insurance coverage in effect, she/he must purchase adequate insurance upon arrival. **Scholarly duties cannot commence until there is sufficient proof that he/she is insured.**

### MAILING ADDRESS

Preferred EXACT mailing address for visa/invitation packet (to be sent by courier by the department unless indicated below):

Address Line 1:

Address Line 2:

City:

Country:

Zip Code:

Telephone Number (including codes for country and city):

**Note regarding married invitees:** If the visitor will bring dependent family members (spouse and children may accompany the visitor, and will be eligible for J-2 invitations), please attach the following information for each person: full name, relationship to the exchange visitor (e.g., husband), date of birth, city of birth, country of birth, citizenship and country of legal permanent residence. Required levels of financial support will be increased if family are invited -- at least **\$500 more per month for an accompanying spouse**, and at least **\$300 more per month per child**. Federal law requires all accompanying dependents also be covered by appropriate health and accident insurance, as described above.