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	e arrangements should begin a minimum 4-5 months prior to expected arrival date.)
Family Name:			
First Name:			
Middle Name:			
Email:			
Gender:	Male 🗌	Female	Date of Birth:
City of Birth:			
Country of Birth:	:		
Country of Citize	enship:		
Country of Legal Permanent Residence:			
Position (Occup	•	ome country:	
		urce(s), and descripti	NANCIAL SUPPORT ion: DOCUMENTS WILL NOT BE MADE WITHOUT THIS THAT THE SCHOLAR HAVE PROOF OF ALL FUNDING.
Amount	Source		Description
expenses (hou	sing, meals, h	ealth insurance, tra	an meet the minimum of \$1,000 per month for living ansportation, etc.). Statements should be on letterhead of compensation or support, and be signed by the responsible

Upon arrival, the visitor will need to bring to the Office of Equity and Inclusion evidence of adequate health insurance coverage throughout his/her stay in the United States. The J-1 visa has the following federally mandated requirements:

- Medical benefits of at least \$50,000 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 \$7,500
- Expenses associated with medical evacuation to home country, up to \$10,000

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

MAILING ADDITION
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:
Address Line 3:
Address Line 4:
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

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 \$250 more per month per child. Federal law requires all accompanying dependents also be covered by appropriate health and accident insurance, as described above