

Exchange Visitor Application Form

Request for the Form DS-2019, Certification of Eligibility For J-1 Visa

(This Form Must Be Completed by the Prospective Exchange Visitor)

To avoid processing delays in your immigration documents, please complete all sections of this form and attach a copy of your passport (and your dependents' passports *if applicable*). Please also attach the appropriate financial documentation and submit this form to your J-1 coordinator at your earliest convenience.

PART I — BIOGRAPHICAL INFORMATION

Please fill in all the fields. This information will appear on your DS-2019; therefore, it <u>must</u> match your passport information exactly.

Last: First: Middle: Middle:	NAME (exactly as in machine re	adable zone on passport):	
GENDER: [] Female [] Male DATE of birth: CITY of birth: COUNTRY of birth: (month/date/year) CITIZENSHIP: COUNTRY of Legal Permanent Residency: OCCUPATION (in home country): EMPLOYER (in home country): Government [] (Specify): Private [] (Specify): E-MAIL: TELEPHONE (home country): (country code - city code - telephone number)	Last:	First:	Middle:
DATE of birth: CITY of birth: COUNTRY of birth: (month/date/year) CITIZENSHIP: COUNTRY of Legal Permanent Residency: OCCUPATION (in home country): EMPLOYER (in home country): Government [] (Specify): Private [] (Specify): E-MAIL: TELEPHONE (home country): (country code - city code - telephone number)	(Multiple last names if applicable)		
CITIZENSHIP:COUNTRY of Legal Permanent Residency: OCCUPATION (in home country): EMPLOYER (in home country): Government [GENDER: [□] Female	[🗖] Male	
CITIZENSHIP:COUNTRY of Legal Permanent Residency: OCCUPATION (in home country): EMPLOYER (in home country): Government [□] (Specify): Private [□] (Specify): E-MAIL:TELEPHONE (home country):(country code - city code - telephone number)	DATE of birth:	CITY of birth:	COUNTRY of birth:
EMPLOYER (in home country): Government [] (Specify): Private [] (Specify): E-MAIL: TELEPHONE (home country): (country code - city code - telephone number)		COUNTRY of Legal Perma	anent Residency:
Private [OCCUPATION (in home country):		
E-MAIL:TELEPHONE (home country): (country code - city code - telephone number)	EMPLOYER (in home country): (Government [\square] (Specify):	
	I	Private [🗖] (Specify):	
	E-MAIL:	TELEPHONE (hom	e country):
PART II — EXCHANGE VISITOR'S PROPOSED ACADEMIC ACTIVITY		`	(country code - city code - telephone number)
	PART II — EXCHANG	E VISITOR'S PROPOSED	ACADEMIC ACTIVITY
A. Requested Exchange Visitor Category:	A. Requested Exchange	e Visitor Category:	
[□] Professor [□] Research Scholar [□] Short-Term Scholar [□] Specialist [□] Student Intern (Less than 6 months)	[\square] Professor [\square] Research		r [\square] Specialist [\square] Student Intern
B. Length of Stay: Begin Date: End Date: (month/date/year)	B. Length of Stay:	Begin Date: End Date	te:
(month) date/year) (month/date/year) (Please note that you will not be able to enter the US after the begin date of your program. You will be able to enter up to 30 days before the begin date, and to remain in the U up to 30 days after the end date.)	(Please note that you will not be able to enter the		
C. Detailed description of proposed research to be conducted at American University. This information will appear on your DS-2019: (Please limit your response to 35 words or less)			

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	petween J-1 progra	•	•	•	•	•		J-1 status, please	contact your
current J-1	Responsible Offic	er for mo	re informat	ion about th	ne tran	sfer pro	cess.		
рарт н	I — FINANC	יום ומוי	IDD∩DT	ı					
	Visitors are require				1 600 r	ner mon	th for living ex	nenses All finar	ıcial
	must be current (
	e documents refle								
•	Original Bank Let	ter verifvi	ng liquid as	sets; stampe	ed and	signed b	ov a bank officia	al.	
	Letter from emplo								sity.
	Affidavit of suppo				.S. spo	onsor &	accompanied b	y financial verific	ation.
	* The form can be acc				_ 41: :			6111-:	_
	Scholarship letter	from spor	isoring org	anization of	atlining			ms of scholarshi O OF STAY IN U.S	
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	Third-Party Spor Financial Suppor		anian IIa	irrougiter					
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[-]	All Other Organizations' Funding TOTAL:								
Dependen	t Information:								
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	lents. Please prov. assports for depen		i the intorn	nation belov		ding you	ur dependents.	If possible pleas	e attach
	DATE OF			nation belov	w regar	ding you	PERMANENT	It possible pleas RELATIONSHIP	e attach Email
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copies of parameters of parame	DATE OF	Adents. COUNTRY BIRTH ature	OF CIT	Y OF BIRTH	w regar	ENSHIP	PERMANENT	RELATIONSHIP (me	EMAIL

IF J-1, PLEASE INDICATE CATEGORY

(SEE PART II)

Research Scholar

D. Have you been in the U.S. within the past two years as J-1 or J-2?

END DATE

Left U.S. on

*If yes, please complete the section below: START DATE

Entered U.S.

IMMIGRATION STATUS

Example: J1 Exchange

[🛛] Yes*

Fulbright Program

[🗆] No

IF J-1, PLEASE INDICATE NAME OF

PROGRAM SPONSOR (AU, IIE, FULBRIGHT, AMIDEAST, ETC.)