
REQUEST FOR FORM DS-2019, J-1 EXCHANGE VISITOR

PART II: TO BE COMPLETED BY THE PROSPECTIVE J-1 SCHOLAR

(Return to Sponsoring NCCU Department. All questions must be answered.)

Please note: This is not an immigration document. DO NOT submit to the Office of International Affairs(OIA) directly or to the US Embassy. It will not enable you to obtain a visa. Please return the completed form to NCCU department/program that will sponsor your visit.

SECTION I: PERSONAL INFORMATION

1. Name _____
Last/Family Name Given/First Name Middle
(as it appears in your passport)
2. Preferred Name (optional) _____
(if different from name above)
2. Gender Male Female
3. Marital status Married Engaged Separated Single/Not Married
(check one)
4. Date of birth _____ / _____ / _____ 5. City of birth _____
(month / day / year)
6. Country of birth _____ 7. Country of citizenship _____
8. Country of legal permanent residence _____
9. E-mail _____
10. Passport number _____ 11. Passport expiration date _____ / _____ / _____
(month / day / year)
12. Current or most recent position, occupation or profession (i.e. Student, Professor, Scientist, etc.) in your home country. **(Please attach a resume or curriculum vitae):**

13. Name and nature of employer's business in your home country: _____

14. **Education:** Check as appropriate and specify: Degrees awarded:

- Doctor of Philosophy Bachelors
 Doctor of Medicine Other (please give actual name of degree –
 Masters not U.S. equivalent) _____

Name and country of school where degree was awarded _____

Subject and date degree was awarded _____

SECTION II: U.S. VISA HISTORY

1. Have you ever held J-1 or J-2 immigration status at any institution in the past 24 months? Yes No

If yes, provide dates and locations of all visits in last 24 months:

2. Are you currently in the U.S.? Yes No

(If you are currently in the U.S. attach copies of all previous IAP-66/DS-2019 forms)

If "Yes" answer the following:

a.) Current visa status _____

b.) Expiration date of current authorized period of stay (as indicated on I-20, DS-2019, EAD, I-797, etc.) _____

c.) Will you be: Re-entering on NCCU visa documents? Yes No

Transferring from another J-1 program while in the US?* Yes No

Requiring a change of non-immigrant status to J-1? ** Yes No

*Previous institution must approve transfer before J-1 terminates program at previous institution and begins work at NCCU.

**Change of Status applications may require several months for US Citizenship and Immigration Service to adjudicate and you may not work during this period unless previously approved employment authorization is still valid.

3. If you will be transferring from another J-1 program, are you subject to 212(e)? Yes No

If subject, have you applied for or received a waiver? Yes No

4. Will you be accompanied by a spouse or children?

No

Yes, arriving **with** Visitor*

Yes, arriving **separately** from Visitor* Give approximate date of spouse, family's arrival below:

_____/_____/_____

(month / day / year)

*Attach passport photocopies of all dependents with this form.

5. Visa status your family members will use to enter the U.S. _____ (if not J-2 please explain on a separate sheet of paper).

Family Name	Given Name	Middle Name	Date of Birth <i>mm/dd/yyyy</i>	Relation- ship To Visitor	City of Birth	Country of Birth	Country of Citizenship	Country of Legal Permanent Residence	Gender: Male/ Female

6. Please list below information for accompanying family members for J-1/J-2 visa status (spouse and unmarried children under 21 years only). Please provide copy of marriage certificate and children's birth certificates for family members. These may also be required by U.S. visa officer and immigration officer.

Dependent (Spouse/Children) Information: Please complete. Attach copy of your dependent's passport page showing picture, biographical information, and expiration date and copies of marriage certificate and children's birth certificates for family members (certified translation if not in English).

7. Minimum Funding Requirement: (For exchange visitor and dependents or accompanying family members)

Scholar: \$17,695/year - \$1,474.58/month; Additional funding amounts for: Spouse: \$7,000/year - \$583.33/month; Each Child: \$5,000/year \$416.66/month

Students: must provide at application a financial guarantee for the first year's tuition and fees and provide information on how their educational expenses will be supported in all succeeding years at NCCU.

Financial documentation: Attach original financial documents (scholarship letter, fellowship letter, bank statements, sponsor support letter, etc) if funding from NCCU is not sufficient to meet the above estimated minimum tuition and/or cost of living (Provide a certified translation if not in English).

Insurance Requirement: Throughout their stay, J-1 Exchange Visitors and their dependents must carry medical insurance which meets Department of State (DOS) requirements. See the link [Health Insurance Requirements](#) for J-1/J-2 Scholars for more information and list of insurance providers. Exchange Visitors will be required to certify compliance with this requirement when they check in with OIA. Failure to carry health insurance which meets DOS requirements will result in a violation of immigration status and possible program cancellation.

Please note that due to recent changes in the regulations, the insurance amounts for exchange visitors have increased **effective May 15, 2015**. The new insurance amounts are as follows:

Item	Amounts
Medical benefits	\$100,000
Repatriation of remains	\$25,000
Medical evacuation	\$50,000
Deductible per accident or illness	\$500

Exchange Visitors' insurance must be underwritten by an insurance corporation that has an A.M. Best

rating of "A-" or above; a McGraw Hill Financial/Standard & Poor's Claims-paying Ability rating of "A-" or above; a Weiss Research, Inc. rating of "B+" or above; a Fitch Ratings, Inc. rating of "A-" or above; a Moody's Investor Services rating of "A3" or above; and be backed by the full faith and credit of the government of the Exchange Visitor's home country.

Exchange Visitors and their accompanying spouse and dependent(s), also may be subject to the requirements of the Affordable Care Act. See the following website for more information about the Affordable Care Act. <http://www.hhs.gov/healthcare/rights/>

8. Insurance Requirement: Throughout their stay, J-1 Exchange Visitors and their dependents must carry medical insurance which meets Department of State (DOS) requirements. See the link Health Insurance Requirements for J-1/J-2 Scholars for more information. Exchange Visitors will be required to certify compliance with this requirement when they check in with OIA. Failure to carry health insurance which meets DOS requirements will result in a *violation of immigration status and possible program cancellation*.

SECTION III: CERTIFICATION

The information given by me is true and accurate to the best of my knowledge.

Name of Prospective J-1 Scholar: _____

Signature of Prospective J-1 Scholar: _____ Date: _____

Checklist of documents to submit to OIA:

Part II:

- | | |
|--|--------------------------|
| Part II Request Forms (originals) | <input type="checkbox"/> |
| Resume or CV | <input type="checkbox"/> |
| Copy of passport(s) (photopage) | <input type="checkbox"/> |
| Front/back copy of I-94 (if currently in US) | <input type="checkbox"/> |
| Copy of DS-2019 (if currently in US) | <input type="checkbox"/> |
| Funding information (if applicable) | <input type="checkbox"/> |