

APPLICATION FOR FORM DS-2019 (J-1 VISA STATUS)

Department Name

Supervisor's e-mail

Brief description of J1's primary objective at UVM

Exact location of Exchange
Visitor Activity

Name of Person Completing this Form

Your Phone #

Your Email

Last Name

First Name

Date Of Birth

Female Male Single Married

Email

Phone #

City of Birth

Country of Birth

Citizenship

Country of Permanent Residence

Passport Expiration Date

Most Recent Position and place of employment in country of
Legal Permanent Residency or citizenship:

Native Language _____

- Applicant has sufficient English Proficiency
 Applicant will seek English instruction in US
-

The applicant needs Form DS-2019 to

1. Begin a New Program [Applicant is not yet in the US]

2. Transfer to UVM Exchange Visitor Program [Applicant is in the U. S. under the sponsorship of another J-1 Exchange Visitor Program. Please attach CLEAR copies of all immigration documents, including ALL Forms DS-2019 issued to Exchange Visitor]

Exchange Visitor History of Potential Participant

Has the prospective Exchange Visitor ever participated in an Exchange visitor Program before? Yes No
 If yes, the OIE needs copies of all previous forms, J1 visas, and I-94 arrival/departure cards. Form DS-2019 will not be issued without these documents. Please fax copies of these documents along with this application form, the invitation letter from the department, and financial documentation.

No Patient Contact [For Alien Physicians ONLY]

Is the potential Exchange Visitor a physician in her/his home country?
 If yes, please note that the program in which the Exchange Visitor will participate is solely for the purpose of observation, consultation, teaching, or research and that **no** element of patient care may be involved. If the Exchange Visitor will have **ANY patient contact**, however minimal, the sponsoring department must contact the OIE for further instruction.

<input type="checkbox"/> UVM If visitor's salary or stipend will be paid by UVM, including grant funds, please check here	US\$
For funding from any of the sources below, ORIGINAL financial documentation in English is REQUIRED.	
<input type="checkbox"/> U.S. Government Name of U.S. Government agency—ONLY if funds are specifically for exchange visitor, not funds paid to UVM or UVM affiliate	
<input type="checkbox"/> International Organization [List Name of Organization]	
<input type="checkbox"/> The Exchange Visitor's Government [List Name of agency]	
<input type="checkbox"/> The Binational Commission of the visitor's country [List Name of organization]	
<input type="checkbox"/> All other organizations [List Name of organization]	

Will applicant's family travel now or arrive later? Now Later Will not accompany Exchange Visitor Single - No dependents

Exchange Visitor must document extra funding for dependents - refer to minimum funding chart below.

Family Name	Given Name	Gender	Relationship	Date of Birth	City & Country of Birth	Citizenship
		<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Spouse <input type="checkbox"/> Child			
		<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Spouse <input type="checkbox"/> Child			
		<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Spouse <input type="checkbox"/> Child			
		<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Spouse <input type="checkbox"/> Child			

	With health insurance included	Without health insurance included
J-1 only	\$18,000 per year	\$20,000 per year
J-1 and one Dependent	\$21,000 per year	\$24,000 per year
J-1 and two Dependents	\$23,000 per year	\$27,000 per year
J-1 and three Dependents	\$25,000 per year	\$29,000 per year

Signature

Title

Signature