

INFORMATION REQUEST FOR J1 CULTURAL EXCHANGE PROGRAM

TO BE COMPLETED BY PROSPECTIVE J1 EXCHANGE VISITOR

Once the form is completed, please send this form as an email attachment to isss@uah.edu. The following information is required in order to facilitate issuance of the federally required DS-2019 Form, the Student & Exchange Visitor Information System (SEVIS) document(s) necessary to obtain the J-1 visa. Please send an email if you have any questions.

A. PERSONAL INFORMATION

Principal Visitor (J-1) Name: (as written in your passport)

Family: _____ Given: _____ Middle: _____

Date of Birth (DOB): _____ (mm/dd/yyyy) Gender: Male Female

City and Country of Birth (Place of Birth): _____

Citizenship: (country) _____ Legal Resident of _____

Position in home country (be specific) _____

(example: Masters degree student, University professor, Researcher, Government Employee, etc...)

B. FUNDING INFORMATION

Adequate funding must be documented in order to be eligible J1 Exchange Visitor Program. Travel funds and monthly living expenses can come from a single or multiple sponsors. Please list all funding from government, personal, employer, scholarship, or other sources below. **Do not list sponsorship from the University of Alabama in Huntsville as it will be listed on the Departmental request materials.** Include source, amount (specifying currency) and attach documentation of funding for all non UAH support. _____

C. DEPENDENT INFORMATION (spouse or children under 21)

How many family members will accompany you? ____ If they are joining later, please provide the date and length of stay _____

Spouse (J-2) Name: (as listed in passport)

Last/Family _____ Middle _____ First/Given _____

Date of Birth (DOB): _____ (mm/dd/yyyy) Gender: Male Female

City and Country of Birth (POB): _____

Citizenship: _____ Legal Resident of _____ (country)

Child (J-2) Name: (as listed in passport)

Last/Family _____ Middle _____ First/Given _____

Date of Birth (DOB): _____ (mm/dd/yyyy) Gender: Male Female

City and Country of Birth (POB): _____

Citizenship: _____ Legal Resident of _____ (country)

Child (J-2) Name: (as listed in passport)

Last/Family _____ Middle _____ First/Given _____

Date of Birth (DOB): _____ (mm/dd/yyyy) Gender: Male Female

City and Country of Birth (POB): _____

Citizenship: _____ Legal Resident of _____ (country)

Child (J-2) Name: (as listed in passport)

Last/Family _____ Middle _____ First/Given _____

Date of Birth (DOB): _____ (mm/dd/yyyy) Gender: Male Female

City and Country of Birth (POB): _____

Citizenship: _____ Legal Resident of _____ (country)

[If additional space is needed, please attach information on a separate sheet.]

Last updated May 17, 2016

D. PREVIOUS VISA HISTORY

1. Have you held a J-1 or J-2 immigration status at any time in the past 12 months? Yes No
Give dates and locations of all previous visits in last two years. Use separate sheet if necessary.

[Attach copies of all IAP-66 or DS-2019 Forms; **if currently in U.S., also attach copy of electronic I-94 printout from <https://i94.cbp.dhs.gov>** .]

2. Have you ever been in the U.S. in any other nonimmigrant OR immigrant status before?
Please list visa status, dates and locations of all previous visits.

[Attach copies of approval notices, passport visa pages or Alien Registration Cards.]

E. LIVING ADDRESS outside of the U.S.:

_____ (street, building, apt., etc...)
_____ (city) _____ (province or state)
_____ (country) _____ (postal code)

Email Address: _____
Phone Number(s): _____ (including international calling code)

MAILING ADDRESS To what address do you want the DS-2019 Form mailed?
(Fed-ex will not deliver to P.O. boxes).

_____ (street, building, apt., etc...)
_____ (city) _____ (province or state)
_____ (country) _____ (postal code)

TO: Joy Werka, Alternate Responsible Officer

FROM: UAH Cultural Exchange Program Participant

SUBJECT: Department of State Bureau of Educational and Cultural Affairs Agreement

I have been made aware of the Federal Requirements for health insurance set forth by the Department of State, Bureau of Educational and Cultural Affairs for Cultural Exchange Program participants. According to regulations found on Page 287-288 of the Code of Federal Regulations [Title 22 – FOREIGN RELATIONS, Volume 1 CHAPTER I – DEPARTMENT OF STATE, PART 62 – EXCHANGE VISITOR PROGRAM, Subpart A -- General Provisions, Section 62.14 Insurance] (Final Rule CITE: 22CFR62.14), I understand that I have to meet all the requirements for myself and all family members to maintain status and I intend to do so. I understand that if I do not comply with these regulations while a participant in the Cultural Exchange Program at The University of Alabama in Huntsville, the Responsible Officer is required to notify the Department of State (DOS) Student and Exchange Visitor Information System (SEVIS) of my (as well as my dependents) continued willful non-compliance and terminate my participation in the program.

The University of Alabama in Huntsville has made arrangements for health insurance coverage of all UAH “J” participants to satisfy the federal requirements. I agree to purchase this specific insurance policy upon arrival on campus OR an alternate plan that meets the requirements of [22 CFR 62.14]. (More detail about the insurance policy will be provided by UAH with the DS-2019 form and pre-arrival materials. Instructions on waiving the requirement and purchasing coverage meeting the minimum requirements will be sent with DS-2019 and information packet). I agree to comply and understand that if I do not comply I cannot be a J-1 Exchange Visitor at UAH.

Signed _____
(Print Name) _____ Date _____ (mm/dd/yyyy)