

Application for Visiting J-1 Exchange Students

Please TYPE your responses on this form. The Office of International Student and Scholar Services does NOT accept handwritten forms.

ISSS will update the Student and Exchange Visitor Information System based on the information you provide below. Please provide accurate information.

Type your answers into the required fields and email this form as a PDF attachment to <u>international@utc.edu</u> using your UTC email address.

This form and all attachments must be submitted at least 120 days before the intended program start date. This allows time for Form DS-2019, the Certificate of Eligibility, to be issued and forwarded to the prospective scholar, who must then apply for an entry visa at a U.S. embassy. Please allow a processing period of 10 business days.

U.S. Citizenship and Immigration Services places responsibility on the exchange visitor to understand and comply with immigration law. Failure to comply with these regulations will mean the loss of your J-1 visa status. This has very serious consequences.

Exchange Student Information

First Name: Birthdate (MM/DD/YYYY): Sex: Male Female Other/Prefer Not to Email Address:	
Full Street Address: City/Town: Zip (Postal) Code:	State/Province: Country:
City and Country of Birth: Citizen of: Legal Permanent Resident of:	
	Number: Expiration Date (MM/DD/YYYY):

If countries of citizenship and permanent residency are different, attach a copy of residency permit.











Education and Past Exchanges

Hi	ghest degree received:	
	Bachelor's	

Master's Doctorate

Other (please specify):

Has this visitor participated in a J-1 or J-2 program with any institution in the past 24 months? No Yes (If yes, please complete the table below.)

Visa Status/Category	Visa Issue Date (MM/DD/YYYY)	Visa Expired Date (MM/DD/YYYY)

IMPORTANT: Please attach copies of all DS-2019 forms for this period. If currently in the U.S., also attach a copy of current I-94.

Dependent Information

Will the visitor be accompanied by spouse or children?

No Yes (If yes, please complete the table below.)

Name of Spouse or Child	Birthdate (MM/DD/YYYY)	Country of Citizenship

Dates

Expected Arrival Date (MM/DD/YYYY): ______ Expected Departure Date (MM/DD/YYYY): ______

NOTE: The exchange visitor must arrive in the U.S. on or before, but not more than 30 days before, the start date listed in block 3 of the DS-2019. Exchange Visitors are permitted to remain in the U.S. for a grace period of up to 30 days following the expiration date on the DS-2019.











Contact Information

Address to which the DS-2019 should be mailed (if the same as that listed above, write "same"):

Full Street Address:	
City/Town:	State/Province:
Zip (Postal) Code:	Country:

Home Telephone Number: _____

Funding Sources and Amounts

Please list ALL funding sources and amounts that will support you during your trip to the U.S. and while at UTC:

	Name of Department or Agency	Amount in U.S. Dollars
UTC		\$
U.S. Government		\$
Home Government		\$
Home University		\$
Personal Funds		\$
Other Funding Source(s) (Specify Below)		
		\$
		\$
		\$
	Total Available Funds:	\$

Acknowledgement

I affirm that the information I have provided on this application form and any additional material that I submit to the UTC Center for Global Education is complete, accurate, and faithful to the best of my knowledge. I understand that furnishing false or incomplete information on any part of this application or related materials may result in disciplinary action in accordance with U.S. immigration law and the codes of The University of Tennessee at Chattanooga.

Student Signature:	
Date (MM/DD/YYYY):	

Center for Global Education Signature:	
Date (MM/DD/YYYY):	

Checklist of Documents to be Submitted by the Department and J-1 Applicant with This Form

- Proof of financial support letter or a bank statement (in English)
- Copy of passport (visitor and all accompanying family members)
- Proof of English proficiency (or a letter from the department)
- Health insurance waiver request form

(J-1 visitors are required to hold health insurance. If you do not submit this form, you will be charged approximately \$1,800/year for medical coverage through the UTC-sponsored insurance plan.)







