

Type the required fields and e-mail this form.

DS2019 Application for a VISITING J1 Exchange Student

Please submit J1 Exchange Student form and all attachments at least **120 days** before the intended start date of the program. This allows time for the Certificate of Eligibility (Form DS-2019) to be issued and forwarded to the prospective scholar who must then apply for an entry visa at a US embassy. Please allow us to have 10 business days to process this form.

Your information will be updated in SEVIS (Immigration Database) based on provided information below. Please make sure you provide the accurate information. The United States Citizenship and Immigration Service (USCIS) places responsibility on the student to understand and comply with immigration law. Failure to comply with these regulations will mean the loss of your student status. We refer to this as being "out of status." Falling out of status has very serious consequences.

1. Information of Exchange Student:

First Name: _____ Family Name _____

Email Address: _____

Date of Birth: _____ (Month/Day/Year) Male Female

Address: _____

City/Town _____ State/Province _____

ZIP(Postal) Code _____ Country _____

2. Place of Birth:

City/Provence _____ Country _____

3. Citizen of:

Country _____

4. Legal Permanent Resident of:

Country _____

5. Passport Information: Issued by (Country) _____

Passport # _____

Passport Issue Date _____

Passport Expiration Date _____

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

6. Highest degree received: BA BS MA MS MED EED Ph.D.

Other (please specify):

7. Has this visitor participated in a J-1 or J-2 program with any institution in the past 24 months?

NO

YES: If marked YES, please fill out the chart below

Visa Status/Category	Visa Issue Date	Visa Expired Date

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

8. Will the visitor be accompanied by spouse or children?

NO

YES: If marked YES, please fill out the chart below

Name of Spouse Or Children	Birthday (MM/DD/YYYY)	Country of Citizenship

9. Visitor's Expected Arrival and Departure Date:

Expected Arrival Date (MM/DD/YYYY):

Expected Departure Date (MM/DD/YYYY):

Note

The Exchange Visitor must arrive in the US on or before, but not more than 30 days before, the start date listed in item 3 of the DS-2019. Exchange Visitors are permitted to remain in the US for a "grace period" of 30 days after the expiration date on the DS-2019.

10. Address to be used to mail DS-2019: (If same, write "same"):

Address

City/Town

State/Province

Country

11. Visitor's Home Telephone #:

12. Please list ALL funding sources and amounts that will help your trip to the US and while at UTC:

	Department/Agency	Amount in Dollars
UTC		\$
US Government		\$
Home Government		\$
Home University		\$
Personal Funds		\$
Other Founding Source		
		\$
		\$
		\$
Total Available Funds		\$

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 under the Code of The University of Tennessee at Chattanooga.

Signature of the visitor

Date (MM/DD/YYYY)

Type the required fields and **E-mail** this form with all required documents to

Takeo-Suzuki@utc.edu

Takeo Suzuki, Executive Director, PDSO/RO

Center for Global Education, The University of Tennessee at Chattanooga

Dept. 1751, 615 McCallie Ave, Chattanooga, TN, 37403-2598, USA

Checklist to be submitted by the department and J1 scholar with this form:

- 1) Proof of financial support letter or a bank statement (in English)
- 2) Copy of passport (student and all accompanying family members)
- 3) Proof of English proficiency (or a letter from the department)
- 4) [Health Insurance Waiver Form](#) (J1 visitors are required to own the health insurance. If you do not submit this form, you will be charged approximately \$1800/year for your medical coverage.)

Received
by CGE: