

J-1 Scholar Request Form - Part B

Scholar Profile

Department inviting you as a J-1 Scholar _____

Program start and end dates you are requesting from inviting department _____

Family Name from passport _____

First Name from passport _____

Middle Name _____

Gender: Female Male

Date of Birth (MM/DD/YY) _____

City of Birth _____

Country of birth _____

Country of Citizenship _____

Country of Legal Residence _____

Highest Degree Earned _____

Field of Study/Specialty _____

Position in Home Country _____

Name of Current Institution/Employer in Home Country _____

Type (univ., private co., local gov't) _____

List all previous periods of J status (attach a separate sheet if necessary and include copies of all Forms DS-2019):

Program Sponsor _____

Start Date _____

End Date _____

J Category _____

Will Your DS-2019 visa document be issued by UNCG or another agency (e.g. Fulbright)? _____

Dependent Data: If your dependents (spouse and unmarried children under age 21) will come to the US in J-2 status, you must provide evidence of sufficient financial support prior to the issuance of the Form(s) DS-2019 (\$350 per month per dependent). List below dependents who will come to the US in J-2 status:

	Dependent 1	Dependent 2	Dependent 3
Relationship to J-1 <i>(wife, son, etc)</i>			
First Name			
Middle Name			
Last Name			
Birth Date <i>(Month/Date/Year)</i>			
Birth City			
Birth Country			
Citizenship City and Country			
Permanent Residence Country			

(Please list additional dependents on separate page)

US Department of State regulations require that all J Scholars, have health and accident insurance meeting specific requirements during their J program in the US. If you or your dependents do not have insurance at the time of arrival, you must purchase an insurance policy upon arrival.

I certify that the information provided is true and accurate to the best of my knowledge.

Signature of J-1 Scholar _____

Date _____

Mailing Address: _____

E-mail address _____

Phone _____