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| 100px-SoUniversity_Seal.png | SOU | J-1 Exchange Visitor (DS-2019)  Visitor Data Form for  J- Exchange Visitor  Office of International Programs Stevenson Union 321 |



**Directions:** This form is to be completed by the J-1 Exchange Visitor and returned **to the host department** for submission with a complete J-1 Exchange Visitor request. J-1 visitors should not send this form directly to OIP. Supporting immigration documents must also be submitted to your host department. **PLEASE TYPE OR PRINT LEGIBLY.**

**Name:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Family/Last) (Given/First) (Middle)**

**Date of Birth: From:** *Month \_\_\_\_\_\_\_Day:\_\_\_\_\_ Year:\_\_\_\_\_\_\_*

**Gender:** [ ] Male [ ] Female

**Marital Status:** [ ] Single [ ] Married

**City of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Country of Citizenship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Country of Permanent Residence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Highest Level of Education Attained (e.g. BS, MA, PhD): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Occupation in Home Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current Address:**

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State/Province: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are you currently in the US?** [ ] No [ ] Yes If yes, please list your current immigration status:

***Please attach copies of your current immigration documents (I-20, DS-2019, passport information page, visa stamp page, I-94 card, etc.)***

**Have you previously been in the US as a J-1/J-2 Exchange Visitor?**  [ ] No [ ] Yes

If **Yes**, please complete the following:

**Previous** [ ] **J-1 or** [ ] **J-2 Program 1:**

**From:** *Month:*­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­ *Day: \_\_\_\_\_\_* *Year: \_\_\_\_\_* **To:** *Month: \_\_\_\_\_\_\_\_\_\_\_\_Day:\_\_\_Year:\_\_\_\_\_*

**Previous** [ ] **J-1 or** [ ] **J-2 Program 2:**

**From:** *Month:*­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­ *Day: \_\_\_\_\_\_* *Year: \_\_\_\_\_* **To:** *Month: \_\_\_\_\_\_\_\_\_\_\_\_Day:\_\_\_Year:\_\_\_\_\_*

**Previous** [ ] **J-1 or** [ ] **J-2 Program 3:**

**From:** *Month:*­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­ *Day: \_\_\_\_\_\_* *Year: \_\_\_\_\_* **To:** *Month: \_\_\_\_\_\_\_\_\_\_\_\_Day:\_\_\_Year:\_\_\_\_\_*

***Please attach a copy of I-94 card, visa stamp, and ALL previous DS-2019 forms.***

**Have you ever applied for a waiver of the two-year home residency requirement?** [ ] Yes [ ] No

**If yes, have you received any notification from DOS or USCIS regarding this waiver request?** [ ] Yes [ ] No

**If family members will accompany you, please complete the following section. A J-2 dependent is a spouse or an unmarried child under 21 years of age.**

**Dependent 1**

**Name:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Family/Last) (Given/First) (Middle)**

**Date of Birth: From:** *Month \_\_\_\_\_\_\_Day:\_\_\_\_\_ Year:\_\_\_\_\_\_\_*

**Relationship (Spouse, Son, Daughter, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Country of Citizenship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Country of Permanent Residence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Dependent 2**

**Name:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Family/Last) (Given/First) (Middle)**

**Date of Birth: From:** *Month \_\_\_\_\_\_\_Day:\_\_\_\_\_ Year:\_\_\_\_\_\_\_*

**Relationship (Spouse, Son, Daughter, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Country of Citizenship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Country of Permanent Residence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Dependent 3**

**Name:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Family/Last) (Given/First) (Middle)**

**Date of Birth: From:** *Month \_\_\_\_\_\_\_Day:\_\_\_\_\_ Year:\_\_\_\_\_\_\_*

**Relationship (Spouse, Son, Daughter, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Country of Citizenship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Country of Permanent Residence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please review information about the J-1Exchange Visitor Program at:

<http://travel.state.gov/visa/temp/types/types_1267.html> and <http://exchanges.state.gov/education/jexchanges/>

**Please remember to visit the OIP promptly upon your arrival at SOU. You will need to bring with you your DS-2019, your passport, and your I-94 card. Should your arrival be delayed for any reason, please inform OIP and your department so that your program start date may be deferred. *Failure to do so within 20 days of your program start date will jeopardize your legal immigration status.***

Please read and sign the following statements:

• I have read, and understand the J-1 Exchange Visitor (DS-2019) Instructions.

• I understand that my J-1 activity is restricted to the one listed on Form DS-2019.

• **TWO-YEAR BAR**: An individual who participates in the J Exchange Visitor Program as a Professor or Research Scholar becomes subject to a Two-Year Bar on "repeat participation" in those particular categories after completing his or her program even if the program lasts less than five years. DOS has taken the position that the Two-Year Bar will also apply to J-2 dependents of J-1 Professors or Research Scholars if the J-2 subsequently wishes to return as a J-1 Professor or Research Scholar.

• **INSURANCE STATEMENT:** I understand that, per the requirements from the US Department of State (DOS), during my period of appointment at Southern Oregon University as a J-1 Exchange Visitor, I must comply with the DOS regulations which require that I purchase health adequate insurance for myself and my accompanying J-2 dependents (spouse and children), if applicable, throughout the duration of my/our visit in the US. I understand that failure to comply with this requirement will result in termination from the Exchange Visitor Program at the Southern Oregon University.

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**