

J-1 Information Form

SEVIS ID #: _____

FSIS Use Only

Reviewed by: _____

Reviewed on: _____

fsaATLAS: _____

SEVIS: _____

Batch #: _____

Purpose of this form (UH dept must complete)

- Begin a new program accompanied by _____ immediate family members
- Extend an on-going program with _____ dependents (immediate family members)
- Transfer to UH (attach [Transfer In form](#))
- Replace a lost or damaged DS-2019 form
- Permit visitor's (_____ immediate family members) to enter the U.S. separately
- Reinstatement request to DOS
- Amend/update a previous DS-2019 (change in funding, program dates, department, site of activity)

Biographical information

Passport name: _____
last first middle

Gender: _____ Birth date: _____ City of birth: _____
M or F mm/dd/yyyy

Country of birth: _____ Country of citizenship: _____

Country of legal permanent residence: _____

Institution/employer in home country: _____ Govt Private

Position in home country: _____

Position code (UH dept must select): _____ Email: _____

Will this person's spouse and/or children come to the U.S. as [J-2 dependents](#) at any time during the program?

- Yes – submit [J-2 Dependent Information Form](#) & copies of passport biodata pages for each person
- No

Current U.S. home address (N/A if coming from abroad)

Street address: _____ City: _____ State: _____ Zip: _____
do not enter a P.O. box

Primary site of activity (UH dept must complete)

UH college/school & dept **or** other organization: _____

Street address (do not enter a P.O. box): _____

City: _____ State: _____ Zip: _____ Phone: _____

Additional site(s) of activity (UH dept must complete if activity will take place at more than one address)

UH college/school & dept **or** other organization: _____

Street address (do not enter a P.O. box): _____

City: _____ State: _____ Zip: _____ Phone: _____

Attach another sheet if there will be more than one additional site of activity

Exchange visitor category: _____
UH dept must select – see [EV Categories](#) for more details

Exchange program information (UH dept must complete)

Start date: _____ End date: _____ BOR position title: _____
mm/dd/yyyy mm/dd/yyyy see [BORP Ch. 9-2](#)

Specific field in which the research, teaching, training, or study will take place: _____
6-digit subject/field code

subject/field title

Financial support information (UH dept must complete)

Attach an official letter of financial support on letterhead specifying the amount of funding in U.S. dollars and the effective dates. The total amount must meet these minimum requirements:

- \$2000 per month for the exchange visitor
- \$700 per month for J-2 spouse
- \$500 per month for each J-2 child

For the full program period being requested, the estimated financial support in US\$ will be provided to the exchange visitor by (complete all that apply):

University of Hawaii (program sponsor): \$ _____
UH department **has** or **has not** received funding for international exchange from one or more U.S. government agency(ies) to support this exchange visitor.

U.S. govt agency(ies): _____, \$ _____ (attach sheet if more than one)
agency code

International organization(s): _____, \$ _____ (attach sheet if more than one)
intl org code

Exchange visitor's government: \$ _____

The binational commission of the visitor's country: \$ _____

All other organizations providing support:
Org: _____, \$ _____
Org: _____, \$ _____
Org: _____, \$ _____

Personal funds: \$ _____ (attach a current bank statement or other certified financial record stating the amount in US dollars)