

The Office of International Affairs (OIA) must determine an individual's eligibility to be issued a Certificate of Eligibility for Exchange Visitor Visa (J-1) Status Form DS-2019 to be used when applying for the J-1 visa at a U.S. Embassy or Consulate abroad, or if the visitor is already in the U.S., by sending the Form DS-2019 to USCIS when applying for a change of status to J-1. Visitors must demonstrate to OIA that:

- 1) You have received administrative approval for your appointment at the University of Texas Health Science Center at Houston (UTHSC-H) or you have been admitted to an eligible academic program at UTHSC-H
- 2) You are capable of financing your stay in the U.S. for the period of time of the requested Form DS-2019
- 3) Immigration regulations will not prohibit you from being issued the Form DS-2019

OIA will be provided with a copy of your appointment letter from the department you have been hired by or admission letter from the school you have been admitted to. Visitors hired by/admitted to UTHSC-H must complete and sign this form and return all original supporting documentation to OIA at the address below in order to determine eligibility for the Form DS-2019.

Section I: To Be Completed By Hiring Department

Sponsoring Institution: The University of Texas Health Science Center at Houston Texas Heart Institute

Hiring Department _____

Department Contact Information: Name _____ Title _____

Telephone Number: Work _____ Fax _____ E-mail Address _____

Projected program start and end dates: _____
Start Date (MM/DD/YYYY) _____ End Date (MM/DD/YYYY) _____

Section II: Visitor Information

LAST/FAMILY NAME _____ First/Given Name _____ Middle _____ Gender: Male Female

Date of Birth (MM/DD/YYYY) _____ City of Birth _____ Country of Birth _____

Country of Citizenship _____ Country of Legal Permanent Residence _____

Name of Institution, Agency, or University Affiliated With in Home Country _____

Title or Occupation of Last Position Held in Home Country (e.g. Professor, Instructor, Undergraduate/Graduate Student, etc.) _____

Permanent Address in Home Country- Home or Apartment # and Street

City State/Province Country Postal Code

Telephone Number: Home Cell Work Fax

E-mail Address

Section III: Immigration Information

Are you currently in the U.S.? Yes No

- If yes and you will accept the appointment/academic program, please indicate below how you will seek J-1 status:

- I will depart the U.S. and apply for the J-1 visa at a U.S. Embassy or Consulate abroad
- I will apply for a change of status to J-1 while remaining in the U.S.

Have you previously been in the U.S. in J-1 or J-2 visa status? Yes No

- If yes, please provide legible photocopies of all immigration documents issued to you and your dependents (if applicable) since entry into the U.S. and/or in previous periods of stay in the U.S.
- If yes, please attach to this form a chronological listing of the information below:
 - Previous periods of authorized stay in the U.S. to include the dates while you were on J visa status
 - Program sponsor's name(s) and name(s) of training institution(s)
 - Program(s) begin and end date(s)
 - Date(s) of departure from the U.S.
 - J visa category (e.g. Research Scholar, Student, Trainee, etc.)

Section IV: Financial Information

Please indicate below the amount per month in U.S. dollars that will be available to you during the period of time you anticipate on staying in the U.S. A minimum of \$1,500 is mandatory for each month that you anticipate staying in the U.S. A minimum of \$2,000 per dependent is mandatory for each year that you anticipate staying in the U.S. All sources of financial support, **unless received from The University of Texas Health Science Center at Houston**, must be verified by your bank official. You must provide a letter in English that confirms the amount of funds available to you in U.S. dollars and is signed and dated by a bank official. If your source of financial support will come in the form of a grant from an organization, please submit to OIA the original award letter signed by the granting organization.

Funds will be provided by (check all that apply):

| Source of Support | Amount of Support in U.S. Dollars |
|--|-----------------------------------|
| <input type="checkbox"/> UTHSC-H | \$ _____ |
| <input type="checkbox"/> Organization | \$ _____ |
| Name of Agency: _____ | |
| <input type="checkbox"/> Personal | \$ _____ |
| <input type="checkbox"/> Dependent funds (if applicable) | \$ _____ |
| TOTAL AMOUNT | \$ _____ |

Section V: Dependent Information

Will you be accompanied by your spouse or unmarried child (under the age of 21) who will seek J-2 status?

Yes No *If yes, please provide the following information:*

Spouse

| | | |
|-------------------------------------|---|---------------------------|
| _____ LAST/FAMILY NAME | _____ First/Given Name | _____ Middle |
| _____ Date of Birth (MM/DD/YYYY) | _____ City of Birth | _____ Country of Birth |
| _____ Country of Citizenship | _____ Country of Legal Permanent Residence | |

Child

| | | |
|-------------------------------------|---|--|
| _____ LAST/FAMILY NAME | _____ First/Given Name | _____ Middle |
| _____ Date of Birth (MM/DD/YYYY) | _____ City of Birth | _____ Country of Birth |
| _____ Country of Citizenship | _____ Country of Legal Permanent Residence | <input type="checkbox"/> Son <input type="checkbox"/> Daughter |

Child

| | | |
|-------------------------------------|---|--|
| _____ LAST/FAMILY NAME | _____ First/Given Name | _____ Middle |
| _____ Date of Birth (MM/DD/YYYY) | _____ City of Birth | _____ Country of Birth |
| _____ Country of Citizenship | _____ Country of Legal Permanent Residence | <input type="checkbox"/> Son <input type="checkbox"/> Daughter |

Section VI: Mailing Instructions

If OIA determines that you are eligible for the Form DS-2019, please provide the information below so that all documents can be sent to you. **Only complete if mailing address is different from permanent address provided in Section II.**

Mailing Address in Home Country: Home or Apartment # and Street

City State/Province Country Postal Code

I certify under penalty of perjury that the above information is true.

Signature: _____ Date: _____