


Prospective Exchange Visitor Request for Form DS-2019 Certificate of Eligibility for Exchange Visitor (J-1) Status California State University, Chico	
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Male **Female**

1. Family (last) name:			
2. First name		Middle name	
3. Date of birth:	<u>mm:</u> <u>dd:</u> <u>yyyy:</u>	4. City where I was born	
4. Country where I was born		5. Citizenship	
6. Country of Permanent Legal Residency			
7. I have the following university degree(s)			
8. Occupation (what you do) in your country			
9. When do you intend to arrive in the USA?	<u>mm:</u>	<u>dd:</u>	<u>yyyy:</u>
10. When do you intend to leave the USA?	<u>mm:</u>	<u>dd:</u>	<u>yyyy:</u>
11. What is your primary reason for coming to Chico?			
(a) I will be a student in (major field)			
(b) I will be a Professor or Research Scholar in the academic field of			
(c) I will be a Short-term Scholar in the academic field of			

12. **SOURCE OF FUNDS:** Provide proof of adequate funds for your stay at California State University, Chico. The DS-2019 will not be issued without official proof of funding.

List the Source funds	Amount US\$	PROOF
Personal/Family funds		Provide current bank statement
Your Government or University		Provide official statement
United State Government		Provide official statement
Other (name)		

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13. HEALTH, ILLNESS AND ACCIDENT INSURANCE COVERAGE

The United States Department of State, Exchange Visitor Program requires a J-visa Exchange Visitor to be insured from the moment of arrival in the US to the time of departure.

California State University, Chico

Health & Accident Insurance Coverage Agreement for J-1 Visa Holders.

I (your full name): _____

Agree that as a condition of participation under the Exchange, I will provide proof of the required health and accident insurance coverage to the Graduate and International Programs Office, immediately upon my arrival on campus. Failure to comply may lead to termination of my Exchange.

Insurance coverage must provide minimum medical benefits of at least US\$50,000 for accident and illness, US\$7500 for repatriation of an injured or deceased person, and US\$10,000 for medical evacuation. Each accompanying dependent (spouse of child) must be similarly covered.

Your signature: _____ **Date:** _____

14. Travel Insurance

If you are not bringing insurance coverage from your country, it is recommended that you carry travel insurance valid for at least one month from the date of arrival.

15. Write your name as it appears in your passport:

16. Address for your postal mail:

17. My telephone number _____ 18. My FAX number _____

My e-mail address (write clearly):

Please return this form to:

Return this form to:	Or FAX to:
<p>James Luyirika-Sewagudde, Jr. Graduate and International Programs 400 West 1st Street Chico, CA 95929-0785</p>	<p>James Luyirika-Sewagudde, Jr. Fax No: 530 898 6889 Telephone: 530 898 6880 >> jamesls@csuchico.edu <<</p>