

J-1 Visa Exchange Visitor Program
DS-2019 Information Form

University Center for International Education
Wright State University (Address on reverse side)

(TO BE COMPLETED BY THE INTENDING VISITOR/SCHOLAR)

Directions: Complete each item below. Your answers will provide the university with the information required to issue a Form DS-2019 for your use in applying for a J-1 visa. If you are in the U.S. and wish to transfer to Wright State University, you must send us copies of: 1) Your INS form I-94, 2) The J-1 visa page of your passport, and, 3) All previous Forms DS-2019 (or IAP-66 forms) you have been issued previously. Mail or Fax this completed form and any other required supporting documents to the Wright State University department person with whom you previously have maintained contact or to this (UCIE) Office at the above (letterhead) address.

1. Name ☐ Male
Last First Middle ☐ Female

Address Line 1

Phone Number

City

State

Zip Code

Country

email

Date of Birth

Month Day Year

Place of Birth

City

Country

Country of:

Legal Permanent Residence

Citizenship

Position in Country of Residence:

(professor, student, research scientist, economist, engineer, etc.)

Employer/Place of Employment:

Agency Name and Address

2. Requested dates of intended stay in U.S:

Month Day Year

to

Month Day Year

3. Source(s) and amount(s) of financial support for period specified above (item 2) or per year if stay will be longer than 12 months. **Please supply documentation for all income sources which are external to Wright State University.** Exchange scholars are required to show financial resources at a minimum of \$1,000 per month for their proposed stay. (Check and complete all items that apply below)

- | | | |
|--|----------------------|-------------------------|
| a. () Wright State University | <input type="text"/> | \$ <input type="text"/> |
| | Department Name | Amount |
| b. () U.S. Gov't Agency(ies) | <input type="text"/> | \$ <input type="text"/> |
| | Agency Name | Amount |
| c. () International Organization | <input type="text"/> | \$ <input type="text"/> |
| | Organization Name | Amount |
| d. () Exchange Visitor's Government | <input type="text"/> | \$ <input type="text"/> |
| | Country/ Gov't | Amount |
| e. () By-national Commission of Visitor's Country | | \$ <input type="text"/> |
| | | Amount |
| f. () Other Organization(s) | <input type="text"/> | \$ <input type="text"/> |
| | Organization Name | Amount |
| g. () Personal Funds | | \$ <input type="text"/> |
| | | Amount |

Exchange Visitor Information Form (page two)

4. Specific educational field or non-study activity in which the exchange visitor is to be engaged:

Subject/Field & Description

5. Please print your Wright State University (WSU) host faculty member's name and department below:

<input type="text"/>		
WSU Host Name	&	Department

6. List (immediate) family members, if accompanying visitor: (Use blank portion of form below for additional family members you wish to include in this request)

Name	<input type="text"/>	Date of Birth	<input type="text"/>
			Month / Day / Year
Relationship	<input type="text"/>	Place of Birth	<input type="text"/>
			City and Country of birth
		Nationality	<input type="text"/>

Certification

I certify that the above information has been completed by me and is accurate to the best of my knowledge. Further, I understand that I will be required to maintain an acceptable health insurance coverage during my stay for myself and any family members who accompany me to the U.S., and I agree to purchase this insurance coverage to be effective upon arrival in the United States and for the duration of my stay while on the Wright State University J-1 Exchanged Visitor Program. I understand if I bring a spouse or dependent children to the US with me, I must purchase health insurance for each of them throughout the period of their stay in the US. When requested, I will provide documentation to University officials that I am maintaining approved health insurance coverage for me and my family members who enter the US on J-2 visa status to reside with me. Lastly, I understand that I must report to the UCIE office within 10 days of my arrival in the US, and I am required to keep the UCIE office informed of my home address at all times.

Signature of Applicant

Date

Health Insurance Minimum Requirements

Exchange visitors are required by US Immigration regulations to maintain adequate health and accident insurance for themselves and any accompanying spouse and/or dependent(s). Information on recommended plans is available in WSU Human Resources - Employee Benefits or the Wright State Univ. Ctr. for International Education Office. The minimum insurance coverage requirements are:

\$100,000	medical benefits per accident or illness
\$25,000	repatriation of remains
\$50,000	medical evacuation to home country
\$500	ceiling on deductible per illness or accident

You may be able to find travel insurance in your home country which will meet the above requirements. If not please review these web-links for medical insurance plans offered: www.culturalinsurance.com, www.internationalplans.com, www.hthadvisors.com, www.internationalsos.com.

RETURN THIS FORM TO: Your Wright State University host faculty or staff member contact **or** University Center for International Education, Wright State University, 3640 Col. Glenn Hwy., Dayton, OH 45435; Phone: (937) 775-5745; Fax: (937) 775-5776.