J-1 Information Form

FSIS use only

Reviewed by:_____

Δ.	Type of request	Reviewed on:	
	.) po 0 oquade	ISSM:	
	Begin a new program accompanied by (#) immediate family members	SEVIS:	
	Extend an on-going program with (#) immediate family members	Batch #:	
	☐ Transfer to UH		
	☐ Amend/update a previous DS-2019 (e.g. change in funding, program dates, dept, s	ite of activity, etc.)	
	Permit visitor's (#) immediate family members to enter the U.S. separately		
	Reinstatement request to DOS		
В.	Biographical information		
1.	Passport name:		
		name(s) (first & middle names)	
2.	Gender:		
	M or F		
3.	Birth date: Birth city: Birth countr	y:	
	mm/dd/yyyy		
4.	Country of citizenship:		
5.	Country of legal permanent residence (if any):		
5.	Highest educational degree conferred: Major/field: at least a bachelor's is required		
7	·		
<i>/</i> .	Degree-granting institution:		
3.	Institution/employer in home country:		
9.	Position in home country:	Position code:	
10.	. Email address:		
11	LIS home address (if any).		
тт.	US home address (if any): street address, including apt #, if any	city state	zip code
12.	. US mailing address (if any):	,	·
		city state	zip code
C.	J-2 dependents		
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Wil	ill the J-1 scholar's spouse and/or minor (under 21), unmarried children come to the U.S	as J-2 dependents at any ti	me during
the	e program period? No Yes—submit J-2 Information Form and copies of pass	sport biodata pages for J-2s.	
D.	Sites of activity & program information		
1	UH college/school/unit: Dept:	Phone:	
1.	Dept.	1110116	
	street address building & room #	city state	zip code
2.	Lab/other location of activities, if different from above:		
		ion / location name	
	street address huilding & room #	city state	zin code

3. Location of J-1's desk/work space, if diff	erent from above:				
		organization / location name			
street address	building & room #		city	state	zip code
Attach another sh	eet if the J-1 will conduct p	program activities	at additional si	tes.	
4. J-1 category:					
5. UH title:					
6. Requested program dates: Start:	End: nm/dd/yyyy mm/	dd/yyyy			
7. Specific 6-digit subject/field code that b	est describes area of resea	arch / teaching / st	udy:		
8. Specific subject/field title:					
E. Financial support information					
A J-1 exchange visitor and J-2 dependents a support must meet these minimum require	•			ne total amou	nt of financial
\$7	.000 per month for the J-1 '00 per month for the J-2 s .00 per month for each J-2	pouse			
Indicate the sources of financial support ar requested program period. For each source and effective dates (e.g. certificate on lette	e, attach documentation sl	nowing the fundin	g organization'		
University of Hawaii (program sponsor): \$				
UH department has or has agency(ies) to support this exchan	_	r international exc	hange from on	e or more U.S	5. government
U.S. govt agency(ies):	, \$		(attach she	et if more tha	ın one)
	gency code				·
International organization(s):	international organization code	, \$	(attac	h sheet if mo	re than one)
Exchange visitor's government: \$					
The binational commission of the exch					
Other organization(s) providing suppor	t:	, \$	(att	ach sheet if n	nore than one
Personal funds: \$	(attach a current bank s	statement/other fi	nancial record	showing amo	unt in US\$)
Government funding: Was any of the above U.S. government for the specific purpose o public foreign university granted funds con exchange purposes rather than granted to	f participation in an intern tingent on exchange progi	ational educationa am participation,	l or cultural ex	change progr	am? (E.g. A
No Yes:					
	list all sources & amo	ounts of government fur	 nding		