Form DS-2019:

Request for a Certificate of Eligibility for Exchange Visitor

Office of International Student Services

One South Avenue • Ruth S. Harley University Center, Room 110 • Garden City, NY 11530-0701 • U.S.A. 516.877.4990 • Fax: 516.877.3148 • adelphi.edu/international

Most non-U.S. citizens applying for admission to the United States need a valid visa before entering the United States. To obtain the visa, this University must first issue you a Certificate of Eligibility for Exchange Visitor (DS-2019). As an exchange visitor, you must obtain a J-1 Exchange Visitor visa from the nearest U.S. embassy or consulate after receiving your DS-2019, then report to the University no more than 30 days prior to the start date indicated on your DS-2019. Please complete this request form and return it with your other supporting financial documentation. Once all required documents are complete, a form DS-2019 will be mailed to you.

Exchange visitor will be:	 Student, please indicate de Professor 	egree level:	 Short-term scholar Research scholar
SECTION 1: BIOGRAPHIC (Please attach a photocopy of yo	CAL INFORMATION ur passport. All information should be v	written as it appears on your passport.)	
■ Male ■ Female Family/surname:		First/given name:	
Date of birth: Month	Day	Year City of birth:	
,		,	p:
Have you ever held J-1 status	before? □ Yes □ No If yes, list t	the dates:	(attach copies of previous DS-2019)
FOREIGN ADDRESS			
			Postal code:
Country:			ountry code):
SECTION 2: ACADEMIC F	PROGRAM INFORMATION		
Name of host department:			
Duration of stay or program	ength:		
Research scholars and profes	sors only: Supervisor in host depar	tment:	
Telephone:	Fax:	Email: _	
Field of study, research or tec	iching:		
Description of program:			



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SECTION 3: DEPENDENT INFORMATION

Please complete only if you will be bringing a spouse or dependent child with you in J-2 status.

Please include a photocopy of the passport information page for each dependent and evidence of relationship (copy of marriage license or birth certificate). Also, please note you must complete a secondary affidavit of support for dependent.

Name of Spouse/Child	Relationship	Country of Birth	Country of Citizenship	Date of Birth

SECTION 4: STATUS INFORMATION

If you are currently in the United States, please complete the following information. If not, please go to section 5. Please include a photocopy of visa and immigration document, if applicable.

What is your current immigration status? D F-1	∎ F-2	□]-]	∎J-2	B -1/B-2	∎ H-1	
Do you have a valid visa? Expiration date:	_/	/	Are you	ı in valid imr	nigration status? 🗖 Yes	No

SECTION 5: DELIVERY INFORMATION

Please provide below the exact address to which the DS-2019 should be sent.

Street:		
City:	State / province:	Postal code:
Country:	Telephone (include country code):	
Email:		

SECTION 6: CERTIFICATE OF ACKNOWLEDGMENT

I certify that the information included in this request for the DS-2019 form is accurate and truthful to the best of my ability and knowledge.

Signature:	Date:
Signature of parent or guardian if under 18:	Date:
UNIVERSITY USE ONLY	
Approval signatures	
Supervisor:	
Department head:	
Department contact:	Department telephone:
Responsible officer:	Date: