

The Office of International Affairs (OIA) must determine an individual's eligibility to be issued the Form DS-2019, Certificate of Eligibility for Exchange Visitor Visa. In order to determine eligibility the following must be submitted to OIA:

- Completed and signed J-1 Biodata Form.
- Original evidence of funding for the period of appointment.
- Legible copy of passport biographical page for J-1 applicant and J-2 dependents (if applicable).

All supporting documentation must be in English or accompanied with a certified English translation.

In addition, **original financial certifications must be sent to OIA**; provided in English or accompanied by a certified English translation; and, must be provided in U.S. dollars or U.S. dollar equivalency.

Upon receipt of this completed J-1 Biodata Form, required supporting documentation, and confirmation of your appointment through an appointment/offer letter issued by the University of Texas Health Science Center at Houston (UTHealth) appropriate administrative department; the OIA staff will review the documentation to determine the eligibility for issuing Form DS-2019.

NOTE: The issuance of Form DS-2019 does not guarantee the J visa or status will be granted by the U.S. Government. The ultimate decision to grant the J visa is the U.S. Department of State and the decision to grant J status is the U.S. Department of Homeland Security.

Personal Data

Last/ Family Name
*As it appears on passport

First/Given Name

Middle Name

Male or Female

Date of Birth: Month/Day/Year

City of Birth

Country of Birth

Country of Citizenship

Country of Legal Permanent Residence

E-mail Address

Name of Affiliated Institution, Agency, or University in Home Country or Country of Last Legal Permanent Residence

Title or Occupation of Last Position Held in Home Country or Country of Last Legal Permanent Residence
(e.g. Professor, Instructor, Graduate Student, etc.)

Immigration Information

Do you have a valid passport? Yes or No

If you answered "Yes", a legible photocopy of biographic page of passport must be provided.

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

If yes, current U.S. immigration status (e.g. F-1, B-1, H-4, etc): _____

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

• If you answered yes to any of the above questions, you must attach legible copies of all U.S. 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. In addition please provide a chronological listing of any previous entries to the U.S.

Financial Information

Please indicate the amount per month in U.S. dollars that will be available to you for the period of anticipated stay in the U.S. J Exchange Visitors are required to show financial resources at a minimum of \$ 21,564.00 per year (\$1797.00 per month) plus a minimum of \$2,500.00 per year (\$208.00 per month) per J-2 dependent.

Original Evidence of any funding that will not be provided by The University of Texas Health Science Center at Houston must be documented in written form (e.g. bank statements; letters of financial awards, etc). All financial certifications must be original; provided in English or accompanied by a certified English translation and sent to OIA; they must be provided in U.S. dollars or U.S. equivalency.

Source:

Amount in U.S. Dollars (per month):

- | | |
|--|----------|
| a. UT Health Science Center at Houston | \$ _____ |
| b. U.S. Gov't Agency _____
Agency Name | \$ _____ |
| c. Exchange Visitor's Gov't _____
Organization Name | \$ _____ |
| d. Other Organization(s) _____
Organization Name | \$ _____ |
| e. Personal Funds _____ | \$ _____ |

Dependent Information

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

Yes No

If yes, complete the dependent information for each dependent who will accompany you in J-2 status. **It is critical that you provide accurate information regarding your dependents as inaccurate information could be grounds to deny the J-2 visa. If your J-2 dependents have a passport, please provide a legible photocopy for each J-2 dependent. Name and date of birth must be identical to the name and date of birth indicated in the passport.**

Spouse

_____	_____	_____
Last/Family Name	First/Given Name	Middle Name
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth: Month, Day, Year		
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, current U.S. immigration status: _____
Currently in the U.S.?		
_____	_____	
City of Birth	Country of Birth	
_____	_____	
Country of Citizenship	Country of Permanent Residence	

Child

_____ Last/Family Name	_____ First/Given Name	_____ Middle Name
_____ Date of Birth: Month, Day, Year	<input type="checkbox"/> Male <input type="checkbox"/> Female	
_____ Currently in the U.S.?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, current U.S. immigration status: _____
_____ City of Birth	_____ Country of Birth	
_____ Country of Citizenship	_____ Country of Permanent Residence	

Child

_____ Last/Family Name	_____ First/Given Name	_____ Middle Name
_____ Date of Birth: Month, Day, Year	<input type="checkbox"/> Male <input type="checkbox"/> Female	
_____ Currently in the U.S.?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, current U.S. immigration status: _____
_____ City of Birth	_____ Country of Birth	
_____ Country of Citizenship	_____ Country of Permanent Residence	

Child

_____ Last/Family Name	_____ First/Given Name	_____ Middle Name
_____ Date of Birth: Month, Day, Year	<input type="checkbox"/> Male <input type="checkbox"/> Female	
_____ Currently in the U.S.?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, current U.S. immigration status: _____
_____ City of Birth	_____ Country of Birth	
_____ Country of Citizenship	_____ Country of Permanent Residence	

Health Insurance Minimum Requirements

Exchange visitors are required by U.S. Department of State and U.S. Immigration regulations to have adequate Medical, Medical Evacuation and Repatriation insurance from the date the J status begins and through the period of the J-1 and J-2 status. The current minimum insurance coverage requirements are:

Major Medical Coverage per person	\$50,000.00
Repatriation of Remains per person	\$ 7,500.00
Medical Evacuation per person	\$10,000.00

If the J sponsorship is approved and the J status is granted, evidence of having the required insurance (as indicated above) must be presented to OIA at the time the J sponsorship program begins. Please note that if Medical Insurance will be provided by UTHealth based on funding from the institution, the Medical insurance will not become effect immediately upon beginning the J sponsorship nor will UTHealth provide Medical Evacuation or Repatriation insurance. Thus, it will be your obligation to purchase required insurance and present this evidence upon beginning the J sponsorship.

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.internationalplans.com, www.internationalsos.com, www.travelinsure.com.

I certify that the above information has been completed by me and is accurate to the best of my knowledge. Further, I understand that if I am granted J-1 status, I will be required to maintain acceptable Medical, Medical Evacuation, and Repatriation insurance coverage during the period of the J status for myself and any J-2 dependents who accompany me to the U.S., and I agree to purchase this insurance coverage to be effective upon beginning my appointment and for the duration of my stay while on The University of Texas Health Science Center at J-1 Exchange Visitor Program.

I also understand that failure to maintain the required insurance would be grounds for termination of J sponsorship.

Signature of Applicant

Date