



Please complete this form to request a Certificate of Eligibility for Exchange Visitor Visa (J-1) Status. This form must be completed and signed by the international visitor seeking the Form DS-2019 and returned to the address below for processing.

Upon receipt of this completed form with required supporting documentation; copy of appointment letter with appropriate administrative approval; and, evidence of sufficient funding for the period of the requested DS-2019, the Office of International Affairs Staff will review all the information provided to determine the eligibility for issuing Form DS-2019.

Upon confirmation that the Form DS-2019 may be issued, the OIA Staff will prepare the Form DS-2019. International visitors are encouraged to ensure that the all information below is accurate and submitted promptly to OIA with all required documentation to prevent delays in determining eligibility of the Form DS-2019.

Please note that all supporting documentation must be in English and all copies must be legible. If documentation received is not in English or legible, this will delay determining the eligibility of Form DS-2019.

PLEASE PRINT OR TYPE

Section I: J-1 Visitor Information

1. Name (Must be identical to the name indicated in passport):

Last (Family)

First

Middle

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

Gender: Male Female

- If **no**, please mark the No box above and proceed to question #3.
- If **yes**, are you planning to depart the U.S. to obtain your J-1 status to begin your program? Please explain _____
- If **you are in the U.S.**, you **must** provide legible photocopies of all 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.

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

- If **no**, please mark the No box above and proceed to question #4.
- If **yes**, you **must** provide legible photocopies of all immigration documents issued to you and your dependents (if applicable) during any period of stay in the U.S. In addition, you **must** provide:
 - ✓ A detailed chronological listing of all previous Exchange Visitor periods of authorized stay, including dates of J status;
 - ✓ Program(s) begin and end date(s);
 - ✓ Date(s) of departure from the U.S.;
 - ✓ Specify J category(ies) (e.g., Research Scholar, Student, Trainee, etc.); and,
 - ✓ Program sponsor's name) and name(s) of training institution(s).

4. Date of Birth: ____/____/____ Place of Birth: _____
Month / Day / Year City Country

5. Country of Citizenship: _____

6. Country of Legal Permanent Residence: _____

7. Last Position Held in Home Country: _____

Position Title or Occupation (e.g. Professor, Instructor, Graduate Student, Undergraduate student, etc)

8. Name of Institution, Agency or University with which affiliated in Home Country:

9. Source(s) and Amount of Support while in the U.S. Please indicate amount per month in U.S. dollars that will be available to you for the period of anticipated stay in the U.S. A minimum of \$1,500 per month for every month of your estimated stay is mandatory and a minimum of \$2,000 per year per dependent is mandatory (if applicable). Evidence of any funding that will not be provided by The University of Texas must be documented in written form (e.g. bank statements; letters of financial awards, etc). All financial certifications must be provided in English or accompanied by a certified English translation and must be provided in U.S. dollars.

a. University of Texas \$ _____

b. Name(s) of Organization(s) Providing Funding \$ _____

c. Personal funds \$ _____

d. Dependent funds (if applicable) \$ _____

10. Name of UT/THI Faculty Member Inviting: _____

11. Component (UTHSC-H or THI): _____

12. Will you be accompanied by family who will need J-2 status? Yes No

If yes, complete Section II and provide the information for each dependent who will accompany you in J-2 status. It is critical that you provide accurate information regarding your dependents since inaccurate information would be grounds to deny the J-2 visa.

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THAT ALL INFORMATION PROVIDED ON THIS FORM IS ACCURATE AND THAT ANY FALSE INFORMATION COULD LEAD TO THE REVOCATION OF THE EXCHANGE VISITOR STATUS.

Signature: _____ Date: _____

Telephone: _____ Fax: _____

Email Address: _____

**RETURN COMPLETED AND SIGNED FORM TO:
UTHSC-H Office of International Affairs
P.O. Box 20036
Houston, Texas 77225
Tel: 713/500-3176 Fax: 713/500-3189
Email: jvisautoia@uth.tmc.edu**

Section II: J-2 Dependents Information

Please complete the following information on each member of your family who will enter the U.S. as J-2 dependents. If more space is needed, please attach an addendum. **NOTE:** You are required to have an additional total amount of \$2,000 (per year, per dependent) in U.S. currency for each family member accompanying you to the United States on J-2 status. Accordingly, please indicate the total amount and source of support for each dependent entering the U.S. on J-2 status in Section 9 of the financial section above.

If your dependents are currently in the U.S. on the J-1 or J-2 status, please provide copies of all immigration documents issued since entry into the U.S.

If your dependents have been previously in the U.S. on J-1 or J-2 status, please attach to this form a chronological listing of previous Exchange Visitor training including beginning date, departure date, status, (e.g., Researcher, Student, J-2 dependent, etc.), program sponsor(s) and names of training institution(s).

Spouse

Name: _____

Last (Family)

First

Middle

Gender: Male Female

Date of Birth _____ / _____ / _____
Month Day Year

Place of Birth _____
City Country

Country of Citizenship: _____

Country of Legal Permanent Residence: _____

Children

Child 1

Name: _____

Last (Family)

First

Middle

Gender: Male
 Female

Date of Birth _____ / _____ / _____
Month Day Year

Place of Birth _____
City Country

Country of Citizenship: _____

Country of Legal Permanent Residence: _____

Child 2

Name: _____
Last (Family) First Middle

Gender: Male
 Female

Date of Birth ____/____/____ Place of Birth _____
Month Day Year City Country

Country of Citizenship: _____

Country of Legal Permanent Residence: _____

Child 3

Name: _____
Last (Family) First Middle

Gender: Male
 Female

Date of Birth ____/____/____ Place of Birth _____
Month Day Year City Country

Country of Citizenship: _____

Country of Legal Permanent Residence: _____

Child 4

Name: _____
Last (Family) First Middle

Gender: Male
 Female

Date of Birth ____/____/____ Place of Birth _____
Month Day Year City Country

Country of Citizenship: _____

Country of Legal Permanent Residence: _____



I hereby acknowledge that I fully understand the above information, and that I received a copy of these instructions.

Name (Print) Signature Date