



## Visa Request for International Scholar Applicants Requesting a DS-2019 (J-1)

### GENERAL INFORMATION

1. LEGAL NAME: \_\_\_\_\_  
(as listed in passport) Last(family name) Given Name Middle Name

2. PERMANENT ADDRESS: \_\_\_\_\_  
(must be an address outside of the U.S.) Street  
City State/Province Postal Code Country

### 3. BIOGRAPHIC & CITIZENSHIP INFORMATION:

Date of Birth (mm/dd/yyyy): \_\_\_\_\_ Email Address: \_\_\_\_\_

City of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

Country of Legal Permanent Residence: \_\_\_\_\_

Foreign Phone Number: \_\_\_\_\_

### 4. PREVIOUS U.S. VISA INFORMATION:

Are you currently inside of the U.S.? YES NO

If yes, please provide the following information:

- a. What is your current immigration status? \_\_\_\_\_
- b. Do you plan to remain in the U.S. and apply for a change of status to J-1? YES NO
- c. Do you plan to travel outside of the U.S. and re-enter in J-1 immigration status? YES NO

During the past 3 years, have you been in the U.S. in any immigration status? YES NO  
(excluding B1/B2 and visa waiver)

- a. Please list your most recent U.S. visa status: \_\_\_\_\_  
(include the category, and length of stay)
- b. Please indicate any other U.S. visa status in the past 3 years: \_\_\_\_\_

Have you ever held a J-1 Visa? YES NO



5. ACADEMIC AND CURRENT EMPLOYMENT INFORMATION:

Job Title/Position in your Home Country: \_\_\_\_\_

Name of Employer in your Home Country: \_\_\_\_\_

Is your position considered a Government Position?    YES    NO

What is the highest academic degree you have obtained? \_\_\_\_\_

When was your highest degree awarded (mm/dd/yyyy)? \_\_\_\_\_

6. ADDITIONAL INFORMATION:

Name of Emergency Contact: \_\_\_\_\_

(Must be located in your home country)

Phone Number of Emergency Contact: \_\_\_\_\_

Does your Emergency Contact speak English?    YES    NO

Are you planning to bring any dependents with you?    YES    NO

(If yes, submit a completed Dependent Information form.)



**FINANCIAL DOCUMENTATION**

You are required to certify that you have sufficient liquid funds available for your expenses throughout the duration of your academic program. Scholars are required to show at least \$2,000/month. If you plan to bring your spouse or child(ren) you must show an additional: \$1,000/month for spouse and \$500/month per child.

1. SOURCE OF FUNDS – AMOUNTS IN U.S. DOLLARS

SOURCE OF FUNDS	YEAR 1 (0-12 Months)	YEAR 2	YEAR 3	YEAR 4	YEAR 5
SELF – FUNDED					
FAMILY/INDIVIDUAL					
SPONSOR					
TCU					
FOREIGN GOVERNMENT SPONSOR					
OTHER (SPECIFY)					
TOTAL					

**HEALTH INSURANCE CERTIFICATION**

The U.S. Department of State requires all J-1 exchange visitors and their J-2 dependents to be covered by sufficient accident and sickness insurance throughout their entire stay in the United States.

The J-1 exchange visitor program participant is responsible for ensuring they (and all of their dependents) have insurance that meets all of the regulatory minimums for the duration of the program start and end date as listed on the DS-2019. ISO also recommends your health insurance covers the J-1 visa 30-day grace period.

Failure to obtain or maintain insurance coverage is a violation of the J-1 visa status and will result in termination of the visa status.



**APPLICANT'S CERTIFICATION**

I certify that I have read the information provided on this certification, this is complete, accurate and the funds are available. I understand the J-1 health insurance requirement and will purchase adequate health insurance by the start date of my DS-2019. I understand that submission of incomplete or inaccurate information or documents may be grounds from termination of GW's J-1 sponsorship.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**FAMILY OR INDIVIDUAL SPONSOR CERTIFICATION**

I guarantee that I will provide the above-named applicant the amount indicated on the above chart for the purposes of the scholar program at Texas Christian University.

Sponsor's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Sponsor's name (please print): \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

If living in the U.S., please indicate:      U.S. Citizen      Legal Permanent Resident      Other:  
(Sponsors who are living in the U.S. and are not U.S. citizens must provide copies of their immigration papers (I-94 and visa stamp) as well as copy of the biographical page of their passport.)

**DEPARTMENT CHAIR'S SIGNATURE**

If the direct supervisor is not the department chair, the chair must sign below.

An application for J-1 sponsorship for the above-named applicant has been initiated. Please sign to confirm you are aware of this program and support the request. If you do not support the request, please reach out to your colleagues to discuss it further.

Department Chair's name (please print): \_\_\_\_\_

Department Chair's signature: \_\_\_\_\_ Date: \_\_\_\_\_