

DS-2019 REQUEST FORM: BEGIN NEW PROGRAM—APPLICANT SECTION

APPLICANT—Please return this form to your Jefferson department along with the following documentation:

- Copy of resume or curriculum vitae
- CLEAR copy of passport information page(s) for yourself AND for any dependents accompanying you in J-2 status: this must include biographical information, passport number and expiration date
- For J-1 Program Transfer:** CLEAR copy/copies of I-94 card AND copy/copies any/all IAP-66 or DS-2019 forms previously issued to you.
- Requesting Change of Status to J-1 to Begin New Exchange Visitor Program:** Applicant is in U. S. in a non-immigrant status other than J-1. Please attach CLEAR copy of I-94 card and visa stamp in passport.

Personal Information

| | | | | | |
|--|--|--|---|---|-----|
| <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. | | <input type="checkbox"/> Single <input type="checkbox"/> Married | | <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| NAME: Family | | First/Personal | Middle | Date of Birth | |
| | | | | Month | Day |
| | | | | Year | |
| City & Country of Birth _____ | | | Country of Citizenship _____ | | |
| Country of Legal Permanent Residence _____ | | | Email address _____ | | |
| Most recent <i>position and place of employment</i> in country of Legal Permanent Residence: _____ | | | | | |
| Mailing Address in Country of Legal Permanent Residence | | | | | |
| | | | | | |
| U.S. Social Security #: | | | Embassy or Consulate where applicant will apply for visa: | | |
| | | | | | |

Family Information: *If applicant's family is to accompany the applicant at any time during his/her stay at Jefferson, please provide the information requested below. Use additional sheet of paper if necessary.*

- Family will arrive in U. S. with applicant. Family will arrive in U. S. after applicant. Family will not travel at all.

| | | | | | |
|---|--|----------------------------|-------------|--|-----|
| Family Name | | First Name | Middle Name | Date of birth | |
| | | | | Month | Day |
| | | | | Year | |
| <input type="checkbox"/> Female <input type="checkbox"/> Male | | Relationship to applicant: | | <input type="checkbox"/> Spouse <input type="checkbox"/> Child | |
| City of birth | | Country of birth | | Citizen of | |
| | | | | | |
| Family Name | | First Name | Middle Name | Date of birth | |
| | | | | Month | Day |
| | | | | Year | |
| <input type="checkbox"/> Female <input type="checkbox"/> Male | | Relationship to applicant: | | <input type="checkbox"/> Spouse <input type="checkbox"/> Child | |
| City of birth | | Country of birth | | Citizen of | |
| | | | | | |
| Family Name | | First Name | Middle Name | Date of birth | |
| | | | | Month | Day |
| | | | | Year | |
| <input type="checkbox"/> Female <input type="checkbox"/> Male | | Relationship to applicant: | | <input type="checkbox"/> Spouse <input type="checkbox"/> Child | |
| City of birth | | Country of birth | | Citizen of | |
| | | | | | |

I certify that the information I am providing with this form is complete and true to the best of my knowledge.

Signature _____ Date _____