

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 position and place of employment 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 _____