

PROCEDURE & INSURANCE ACKNOWLEDGMENT

Exchange Visitors should complete this form and attach passport ID page(s), proof of English proficiency (if applicable), and proof of financial support if not supported entirely by Vanderbilt funds, and send the completed form with supporting documentation to your hiring department. Proof of financial support for issuance of the DS-2019 should show an **annual minimum of \$30,000 for yourself an additional \$10,000 for spouse and \$5,000 each child**, in order for the DS-201 to be issued.

If you have taken the TOEFL (minimum score: 550 paper; 213 computer-based; 79 internet-based test) or IELTS (minimum score: 6.5) test and received a passing score you will need to submit your test results along with this form. If you have not taken an English language test but have signed documentation of your English proficiency from an English Language School or from an English instructor from an academic institution please attach the documentation along with this form before sending to your department.

Exchange Visitor's currently in the U.S. on a J-1 visa must complete the [SEVIS Transfer Form](#).

All Exchange Visitors are required to maintain adequate health insurance coverage for themselves and their dependent(s) while residing in the U.S. Detailed information is provided in writing by ISSS and discussed during orientation. Willful violation of this regulation will result in program termination. Please sign below acknowledging this regulation.

Signature

Date

PERSONAL DATA

_____ LAST/FAMILY NAME, capitalized	_____ First/Given Name	_____ Date of Birth: Month, Day, Year
_____ City of Birth	<input type="checkbox"/> Male or <input type="checkbox"/> Female	<input type="checkbox"/> Married or <input type="checkbox"/> Single
_____ Country of Birth	_____ Country of Citizenship	_____ Country of Legal Perm Residence
_____ Current Address (foreign or U.S.)	_____ City	_____ State or Province
_____ Phone Number	_____ Country	_____ Zip Code
_____ Home Country Occupation / Profession	_____ E-mail Address	
Home Country Employer Category (check one):		
<input type="checkbox"/> Academic <input type="checkbox"/> Arts <input type="checkbox"/> Communications <input type="checkbox"/> Private Company		
<input type="checkbox"/> Government (Please specify: <input type="checkbox"/> Central, <input type="checkbox"/> State/Regional, <input type="checkbox"/> City)		
<input type="checkbox"/> Other _____		

IMMIGRATION

Are you presently in the U.S.?	<input type="checkbox"/> Yes	If Yes,	Current Immigration Status: _____	I-94 number: _____
	<input type="checkbox"/> No		Immigration Start Date: _____	Expiration date: _____
If currently in J status, do you have medical benefits of at least: \$100,000 per accident or illness, \$25,000 for repatriation, \$50,000 for medical evacuation, and \$500 or less deductible for yourself and your dependent(s)?				
<input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you been in the U.S. in J-1 or J-2 status within the past 24 months?				
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach copies of all previous DS-2019s.				

If ever in J status are you subject to the 2-year home residency requirement? Yes No

If ever subject to this rule, have you received a no objection letter? Yes No If Yes, what is case# _____

Have you ever filed to become a Permanent Resident of the U.S.? Yes No

DEPENDENTS

PLEASE PROVIDE ALL OF THE FOLLOWING INFORMATION FOR EACH FAMILY MEMBER THAT WILL ACCOMPANY YOU TO U.S. ON A J-2 (DEPENDENT) VISAS. TO QUALIFY FOR J-2 VISAS, THE INDIVIDUAL MUST BE YOUR HUSBAND, WIFE, OR CHILD (UNMARRIED, UNDER 21 YEARS OLD).

SPOUSE (submit copies of marriage certificate and passport ID pages)

_____ LAST/FAMILY NAME	_____ First/Given Name	<input type="checkbox"/> Male <input type="checkbox"/> Female
_____ Date of Birth: Month, Day, Year	_____ City of Birth	_____ Country of Birth
_____ E-mail Address	_____ Country of Citizenship	_____ Country of Permanent Residence

CHILD (submit copy of passport ID pages)

_____ LAST/FAMILY NAME	_____ First/Given Name	<input type="checkbox"/> Male <input type="checkbox"/> Female
_____ Date of Birth: Month, Day, Year	_____ City of Birth	_____ Country of Birth
_____ E-mail Address	_____ Country of Citizenship	_____ Country of Permanent Residence

CHILD (submit copy of passport ID pages)

_____ LAST/FAMILY NAME	_____ First/Given Name	<input type="checkbox"/> Male <input type="checkbox"/> Female
_____ Date of Birth: Month, Day, Year	_____ City of Birth	_____ Country of Birth
_____ E-mail Address	_____ Country of Citizenship	_____ Country of Permanent Residence

CHILD (submit copy of passport ID pages)

_____ LAST/FAMILY NAME	_____ First/Given Name	<input type="checkbox"/> Male <input type="checkbox"/> Female
_____ Date of Birth: Month, Day, Year	_____ City of Birth	_____ Country of Birth
_____ E-mail Address	_____ Country of Citizenship	_____ Country of Permanent Residence