



## 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 \$34,000 for yourself an additional \$17,000 for spouse and \$8,500 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 \_\_\_\_\_

☐ Male or ☐ Female

☐ Married or ☐ Single

Country of Birth \_\_\_\_\_

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

Country of Legal Perm Residence \_\_\_\_\_

Current Address (foreign or U.S.) \_\_\_\_\_

City \_\_\_\_\_

State or Province \_\_\_\_\_

Country \_\_\_\_\_

Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Home Country Occupation / Profession \_\_\_\_\_

Home Country Employer Category (check one):

☐ Academic ☐ Arts ☐ Communications ☐ Private Company

☐ Government (Please specify: ☐ Central, ☐ State/Regional, ☐ City)

☐ Other \_\_\_\_\_

## IMMIGRATION

Are you presently in the U.S.? ☐ Yes  
☐ No

If Yes, Current Immigration Status: \_\_\_\_\_  
Immigration Start Date: \_\_\_\_\_

I-94 number: \_\_\_\_\_  
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)? ☐ Yes ☐ No

Have you been in the U.S. in J-1 or J-2 status within the past 24 months? ☐ Yes ☐ 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