

Form DS-2019:

Request for a Certificate of Eligibility for **Exchange Visitor**

Office of International Student Services

One South Avenue • Post Hall, Room 203 • Garden City, NY 11530-0701 • USA

516.877.4990 • Fax: 516.877.3871 • iss.adelphi.edu

Visitors entering on a J-1 visa as professors or research scholars may not have been in the United States during the past 12 months for more than six months as a J-1 participant or during the past 24 months as a J-1 professor or research scholar, and they cannot be on a tenure track.

This form is to be completed by the exchange visitor requesting the appropriate DS-2019 form. Please attach all additional required documents and submit them, along with this request, to the Office of International Student Services.

Exchange visitor will be: Student (Please indicate degree level.) _____ Short-term scholar
 Professor Research scholar
 Student intern

SECTION 1: BIOGRAPHICAL INFORMATION

(Please attach a photocopy of your passport. All information should be written as it appears on your passport.)

Male Female

Family/Surname: _____ First/Given name: _____

Date of birth: _____ City of birth: _____
 Month Day Year

Country of birth: _____ Country of citizenship: _____

Email: _____

Have you ever held J-1 status before? Yes No If yes, list the dates: _____ (Attach copies of previous DS-2019.)

Foreign address

Street: _____

City: _____ State/Province: _____ Postal code: _____

Country: _____ Phone no. (Include country code.): _____

Email: _____

SECTION 2: RESEARCH SCHOLAR, SHORT-TERM SCHOLAR, PROFESSOR AND STUDENT INTERN

Host department: _____

Program start date: _____ Program end date: _____

Highest degree obtained: _____ Field: _____

Current occupation: _____

Field of study, research or teaching: _____ Single Married If married, will spouse accompany as J-2? Yes No

See reverse.

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SECTION 3: DEPENDENT INFORMATION

Complete only if you will be bringing a spouse or dependent child with you in J-2 status.

Please include a photocopy of the passport information page for each dependent and evidence of relationship (copy of marriage license or birth certificate). Also, please note that you must complete a secondary affidavit of support for dependent.

Name of spouse/child	Relationship	Country of birth	Country of citizenship	Date of birth
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SECTION 4: STATUS INFORMATION

Have you held any previous nonimmigrant visa status in the United States? Yes No

If so, which? F-1 F-2 J-1 J-2 B-1/B-2 H-1B H-1

If you have held any J-1 status in the United States, please list dates, category, and length and purpose of stay within past two years. Attach copies of DS-2019.

SECTION 5: DELIVERY INFORMATION

Please provide below the exact address to which the DS-2019 should be sent.

Street: _____

City: _____ State/Province: _____ Postal code: _____

Country: _____ Phone no. (Include country code.): _____

Email: _____

SECTION 6: CERTIFICATE OF ACKNOWLEDGMENT

I certify that the information included in this request for the DS-2019 form is accurate and truthful to the best of my ability and knowledge.

Signature: _____ Date: _____

Signature of parent or guardian if under 18: _____ Date: _____