



## J-1 Form DS-2019 Request: To Be Completed by Visiting Scholar

Name of Visiting Scholar: \_\_\_\_\_  

Family Name
Given Name
Middle Name

Gender:  Male  Female      Check here if you have previously attended WSU as a  Scholar  Student.

Check here if you have previously visited the U.S. If checked, please explain in detail on the back of the form.

Check here if you have applied for a **waiver** of the Two Year Home Country Physical Presence requirement. If so, please explain in detail on the back of the form.

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  

Month/day/year
City
Country

Country of Citizenship: \_\_\_\_\_ Country of Permanent Residence: \_\_\_\_\_

Position or Title in Home Country: \_\_\_\_\_ Employer: \_\_\_\_\_

Foreign Address: \_\_\_\_\_

U.S. Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

***If you are already in the United States, please indicate your current immigration status (F-1, J-1, H-1B, etc.):***  
 \_\_\_\_\_ ***(please attach a copy of your current immigration documents, such as DS-2019, I-20, I-94 Card, I-797 Notice, etc.)***

Date First Entered U.S. as J-1: \_\_\_\_\_ I-94 #: \_\_\_\_\_

SEVIS ID#: \_\_\_\_\_

If your family (spouse and/or children under 21 years of age) will accompany you to the United States, please complete the box below. If the country of citizenship and the country of permanent residence are different, please put the country of permanent residence in parenthesis.

Name (Family, Given) & Relationship	City of Birth	Country of Birth	Date of Birth (mo/day/yr)	Gender (male or female)

Proof of Health Insurance/Repatriation coverage From: \_\_\_\_\_ To: \_\_\_\_\_

Proof of SEVIS fee \$50 From: \_\_\_\_\_ To: \_\_\_\_\_

**INSURANCE STATEMENT** (Please read and sign the following statement).

I understand that, per the requirement from the U.S. Department of State, during my period of appointment at Wayne State University as a J-1 Exchange Visitor, I must comply with the Department of State (DOS) regulations which require that I purchase health insurance for myself and my accompanying J-2 dependents (spouse and children), if applicable, throughout the duration of my/our visit in the U.S. I understand that failure to comply with this requirement will result in termination from the Exchange Visitor Program at Wayne State University.

\_\_\_\_\_  
Signature Date

**MAIL OR SEND THIS SHEET AS AN E-MAIL ATTACHMENT TO YOUR HOST DEPARTMENT AT WAYNE STATE UNIVERSITY. BE SURE TO INCLUDE A COPY OF YOUR PASSPORT, RESUME PROVING ATTAINMENT OF A BACHELOR'S DEGREE OR HIGHER IN A RELATED FIELD, I-94 CARD (IF ALREADY IN THE U.S.), DS-2019S/IAP-66S (IF HAVE ANY) AND VERIFICATION OF FINANCIAL SUPPORT (IF WILL BE NOT FUNDED BY WAYNE STATE).**