Form DS-2019:
Request for a Certificate of Eligibility for Exchange Visitor

Office of International Student Services
One South Avenue • Ruth S. Harley University Center, Room 110 • Garden City, NY 11530-0701 • U.S.A.
516.877.4990 • Fax: 516.877.3148 • adelphi.edu/international

Most non-U.S. citizens applying for admission to the United States need a valid visa before entering the United States. To obtain the visa, this University must first issue you a Certificate of Eligibility for Exchange Visitor (DS-2019). As an exchange visitor, you must obtain a J-1 Exchange Visitor visa from the nearest U.S. embassy or consulate after receiving your DS-2019, then report to the University no more than 30 days prior to the start date indicated on your DS-2019. Please complete this request form and return it with your other supporting financial documentation. Once all required documents are complete, a form DS-2019 will be mailed to you.

Exchange visitor will be:  □ Student, please indicate degree level: ___________________________  □ Short-term scholar
□ Professor  □ Research scholar

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: ___________________________
Telephone (include country code): ___________________________
Email: ___________________________

SECTION 2: ACADEMIC PROGRAM INFORMATION

Name of host department: ___________________________
Duration of stay or program length: ___________________________
Research scholars and professors only: Supervisor in host department:
Telephone: ___________________________  Fax: ___________________________  Email: ___________________________
Field of study, research or teaching: ___________________________
Description of program: ___________________________

See reverse
Form DS-2019:
Request for a Certificate of Eligibility for Exchange Visitor

SECTION 3: DEPENDENT INFORMATION
Please 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 you must complete a secondary affidavit of support for dependent.

<table>
<thead>
<tr>
<th>Name of Spouse/Child</th>
<th>Relationship</th>
<th>Country of Birth</th>
<th>Country of Citizenship</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SECTION 4: STATUS INFORMATION
If you are currently in the United States, please complete the following information. If not, please go to section 5. Please include a photocopy of visa and immigration document, if applicable.

What is your current immigration status?  □ F-1  □ F-2  □ J-1  □ J-2  □ B-1/B-2  □ H-1

Do you have a valid visa?  Expiration date:  ____/____/____  Are you in valid immigration status?  □ Yes  □ No

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: __________________________________________  Telephone (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: ________________

UNIVERSITY USE ONLY
Approval signatures
Supervisor:  __________________________________________

Department head:  __________________________________________

Department contact: __________________________________________  Department telephone: __________________________

Responsible officer:  __________________________________________  Date: __________________________