

# 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 • U.S.A.

516.877.4990 • Fax: 516.877.3148 • iss.adelphi.edu

J-1 visitors entering 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, 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

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 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: \_\_\_\_\_