Form DS-2019:

Request for a Certificate of Eligibility for Exchange Visitor

International Services
One South Avenue • Post Hall, Room 203 • Garden City, NY 11530-0701 • USA
516.877.4990 • Fax: 516.877.3871 • is.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.) □ Professor			□ Short-term scholar □ Research scholar □ Student intern		
SECTION 1: BIOGRAPHIC			it appears on value passinger \	D Mala - D Farrala		
(Please attach a photocopy of your	passport. All informat	ion snould be written as	sit appears on your passport.)	□ Male □ Female		
Family/Surname:			First/Given name:		—	
Date of birth:	Day	Year	City of birth:			
Country of birth:			Country of citizenship:			
Email:						
Have you ever held J-1 status be	efore? 🗆 Yes 🗆 No	If yes, list the dates:		(Attach copies of previous DS-20	19.)	
Foreign address						
Street:						
City:	State		Province:	Postal code:		
Country:	ountry:			Phone no. (Include country code.):		
Email:						
SECTION 2: RESEARCH S	CHOLAR, SHOR	RT-TERM SCHOLA	IR, PROFESSOR AND STU	JDENT INTERN		
Host department:						
Program start date:			Program end date:			
Highest degree obtained:			Field:			
Current occupation:						
Field of study research or teach	ning.		Single □ Married □ If marri	ied will enguee accompany as L-22 Ves 🗆 N	ЛОП	

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SECTION 3: DEPENDENT INFORMATION

Signature of parent or guardian if under 18: ____

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.

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Name of spouse/child	Relationship	Country of birth	Country of citizenship	Date of birth			
SECTION 4: STATUS INI	FORMATION						
Have you held any previous	us nonimmigrant visa	status in the United States?	□Yes □No				
If so, which? \Box F-1 \Box F-2	□J-1 □J-2 □B-1/B-:	2 aH-1B aH-1					
If you have held any J-1 sta years. Attach copies of DS		es, please list dates, catego	ry, and length and purpose of	stay within past two			
SECTION 5: DELIVERY I	NFORMATION						
Please provide below the	exact address to whic	h the DS-2019 should be se	nt.				
Street:							
City:		State/Province:	Posta	al code:			
Country:		Phone no. (Include country code.):					
Email:							
SECTION 6: CERTIFICAT	TE OF ACKNOWLED	GMENT					
I certify that the informati and knowledge.	on included in this req	uest for the DS-2019 form is	accurate and truthful to the l	oest of my ability			
Signature:			Date:				



Date: