J-1 Exchange Visitor Request Form

Please complete and return to: Immigration Office, Box 59. All questions must be answered in full to avoid delays in processing Form DS-2019. Please type or print.

Part 1. Information to be completed by J-1 visitor:

NAME OF INTERNATIONAL VISITOR (NOTE: PLEASE PROVIDE A LEGIBLE COPY OF THE VISITOR’S PASSPORT BIOGRAPHIC PAGE)

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Family (Last)  Given (First)  Middle

DATE OF BIRTH (mo/day/yr): ___________________  PLACE OF BIRTH: ___________________

(City)  (Country)

COUNTRY OF CITIZENSHIP: ___________________

COUNTRY OF LEGAL PERMANENT RESIDENCE: ___________________

GENDER: [ ] MALE  [ ] FEMALE

VISITOR’S E-MAIL: ___________________________

PROFESSIONAL POSITION IN HOME COUNTRY:

Is the employer [X] Educational Inst.  [ ] Private Bus.  [ ] Central Gov’t.  [ ] State Gov’t.  [ ] Regional Gov’t.  [ ] City Gov’t.

Does the Visitor have a Ph.D. or M.D.?  [ ] YES  [ ] NO

Is the Visitor a Ph.D. Candidate?  [ ] YES  [ ] NO

Has the Visitor been in J-1 visa status in the last 24 months?  [ ] YES*  [ ] NO

*If yes, please provide copies of the visitor’s previous IAP-66/DS-2019 forms

J-2 Dependents: Dependents who will be accompanying J-1 visitor (NOTE: PLEASE PROVIDE A LEGIBLE COPY OF THE DEPENDENTS’ PASSPORT BIOGRAPHIC PAGES)

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<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Birth</th>
<th>Country &amp; City of Birth</th>
<th>Country of Citizenship</th>
<th>Country of Legal Perm. Residence</th>
<th>Gender</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>(First, Middle, Last)</td>
<td>(mo/day/yr)</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
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Part 2. Information to be completed by WCMC host department:

WCMC Position Title: ________________________________________________________________

Physical Address of WCMC campus work location: _______________________________________

Physical Address of any off campus work location: ______________________________________

Subject/Field of Visitor’s Primary Activity or Specialization at Weill Cornell Medical College:

Field Title: ____________________________________________________________

Research Description: _________________________________________________________

LENGTH OF J-1 APPOINTMENT*: Start Date**: ___________ End Date: ___________

Month/Day/Year

Month/Day/Year

*Financial support information must be for the entire period specified above. The total time allowed in the U.S. is 5 years for professors/research scholars and 6 months for short-term scholars.

**NOTE REGARDING START DATE: J-1 Exchange Visitors must enter the U.S. and report to the Medical College NO MORE than 30 days before and NO MORE than 30 days after the start date on the DS-2019. Please contact the Immigration Office if a visitor’s plans change and he/she will not arrive in time.

SOURCE(S) AND AMOUNT OF FINANCIAL SUPPORT FOR VISITOR’S ENTIRE STAY

The U.S. Government requires the Medical College to verify adequate financial support and health insurance for international visitors and their accompanying dependants for the entire period of stay. See below for minimum annual amounts required. It is the host department’s responsibility to verify that ALL exchange visitors meet minimum funding guidelines and are covered by medical insurance. Please note that medical insurance is a U.S. Government requirement.

Minimum Funding Requirements:*

$32,000/per year for individual
$4,000/per year for spouse
$3,000/per year for each child

<table>
<thead>
<tr>
<th>SOURCE OF FINANCIAL SUPPORT</th>
<th>List Total Amount in U.S. $ Below For Entire Period of J-1 Appointment</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Weill Cornell Medical College</td>
<td>$_____________________________</td>
</tr>
<tr>
<td>[ ] International Organization {state source}</td>
<td>$_____________________________</td>
</tr>
<tr>
<td>[ ] U.S. Gov’t Agency(cies)** {state source &amp; see note on attached page}</td>
<td>$_____________________________</td>
</tr>
<tr>
<td>[ ] The Exchange Visitor’s Government</td>
<td>$_____________________________</td>
</tr>
<tr>
<td>[ ] All other organizations providing support {state source}</td>
<td>$_____________________________</td>
</tr>
<tr>
<td>[ ] Personal Funds</td>
<td>$_____________________________</td>
</tr>
</tbody>
</table>

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*This funding may come from any source including the visitor’s personal savings or WCMC salary. These amounts represent the bare minimum and do not include the cost of health insurance coverage, which could be range from $60 to $400 per month for a family.

**U.S. Government Funding: The Exchange Visitor is considered to be government funded ONLY if s/he received funds directly from a U.S. Government agency. When individuals are supported through government funds paid to a Weill Cornell Medical College professor, department, or grant, this is NOT considered to be direct government funding.

**Mailing the Form**: The Immigration Office can send the DS-2019 form to the J-1 visitor by an express courier service, however a Federal Express or DHL account number must be provided by the host department. If the host department prefers to send the DS-2019 form, please pick up the form from the Immigration Office. PLEASE CHECK YOUR PREFERENCE BELOW:

Immigration Office sends form ______________________________
FedEx or DHL Account # to be billed ______________________________ (please specify)
Host Department picks up and sends forms _______________________

**Host Department Contact and Authorizations:**

<table>
<thead>
<tr>
<th>HOST FACULTY SPONSOR:</th>
<th>________________________________</th>
</tr>
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<tbody>
<tr>
<td>HOST DEPARTMENT:</td>
<td>________________________________</td>
</tr>
<tr>
<td>DEPARTMENT/DIVISION ADMINISTRATOR:</td>
<td>____________________</td>
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<tr>
<td>PHONE:</td>
<td>__________________</td>
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<tr>
<td>E-MAIL:</td>
<td>________________________________</td>
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</tbody>
</table>

DATE OF REQUEST: __________