



AMERICAN UNIVERSITY  
WASHINGTON, DC

Exchange Visitor Application Form  
Request for the Form DS-2019, Certification of Eligibility For J-1 Visa

(This Form Must Be Completed by the Prospective Exchange Visitor)

To avoid processing delays in your immigration documents, please complete all sections of this form and attach a copy of your passport (and your dependents' passports if applicable). Please also attach the appropriate financial documentation and submit this form to your J-1 coordinator at your earliest convenience.

PART I — BIOGRAPHICAL INFORMATION

Please fill in all the fields. This information will appear on your DS-2019; therefore, it must match your passport information exactly.

NAME (exactly as in machine readable zone on passport):

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
(Multiple last names if applicable)

GENDER:  Female  Male

DATE of birth: \_\_\_\_\_ CITY of birth: \_\_\_\_\_ COUNTRY of birth: \_\_\_\_\_  
(month/ date/year)

CITIZENSHIP: \_\_\_\_\_ COUNTRY of Legal Permanent Residency: \_\_\_\_\_

OCCUPATION (in home country): \_\_\_\_\_

EMPLOYER (in home country): Government  (Specify): \_\_\_\_\_

Private  (Specify): \_\_\_\_\_

E-MAIL: \_\_\_\_\_ TELEPHONE (home country): \_\_\_\_\_  
(country code - city code - telephone number)

PART II — EXCHANGE VISITOR'S PROPOSED ACADEMIC ACTIVITY

A. Requested Exchange Visitor Category:

Professor  Research Scholar  Short-Term Scholar  Specialist  Student Intern  
(Less than 6 months)

B. Length of Stay: Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
(month/ date/year) (month/ date/year)

(Please note that you will not be able to enter the US after the begin date of your program. You will be able to enter up to 30 days before the begin date, and to remain in the US up to 30 days after the end date.)

C. Detailed description of proposed research to be conducted at American University. This information will appear on your DS-2019: (Please limit your response to 35 words or less)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**D. Have you been in the U.S. within the past two years as J-1 or J-2?**       Yes\*       No

\*If yes, please complete the section below:

IMMIGRATION STATUS	START DATE	END DATE	IF J-1, PLEASE INDICATE CATEGORY (SEE PART II)	IF J-1, PLEASE INDICATE NAME OF PROGRAM SPONSOR (AU, IIE, FULBRIGHT, AMIDEAST, ETC.)
<i>Example: J1 Exchange Visitor</i>	<i>Entered U.S. on 09/01/09</i>	<i>Left U.S. on 12/15/10</i>	<i>Research Scholar</i>	<i>Fulbright Program</i>

\* Transfer between J-1 program sponsors may be possible. If you are already in the U.S. in J-1 status, please contact your current J-1 Responsible Officer for more information about the transfer process.

### PART III — FINANCIAL SUPPORT

Exchange Visitors are required to show a minimum of **U.S. \$2,000 per month (not including health insurance)** for living expenses. All financial documents must be current (no older than **3 months**) at the time of application in order to be considered valid. Appropriate documents reflecting financial ability include, but are not limited to, the following:

- Original Bank Letter verifying liquid assets; stamped and signed by a bank official.
- Letter from employer stating available salary for the duration of EV Program at American University.
- Affidavit of support (Form I-134), submitted by U.S. sponsor & accompanied by financial verification.  
\* The form can be accessed from: [www.uscis.gov/forms](http://www.uscis.gov/forms)
- Scholarship letter from sponsoring organization outlining amount, dates, and terms of scholarship.

SOURCE OF FUNDS	AMOUNT FOR PERIOD OF STAY IN U.S. DOLLARS
<input type="checkbox"/> Personal Funds	
<input type="checkbox"/> Third-Party Sponsor	
<input type="checkbox"/> Financial Support from American University	
<input type="checkbox"/> Home Government Funding	
<input type="checkbox"/> U.S. Government Funding	
<input type="checkbox"/> All Other Organizations' Funding	
TOTAL:	

#### Dependent Information:

Additional funding will be required for eligible accompanying dependents. You must show an additional **\$750 per month** for a spouse (not including health insurance) and **\$550 per month** for each child. **Children who are 21 years of age and older are not eligible to be J-2 dependents.** Please provide us with the information below regarding your dependents. If possible please attach copies of passports for dependents.

NAME: FAMILY, GIVEN	DATE OF BIRTH M/D/Y	COUNTRY OF BIRTH	CITY OF BIRTH	CITIZENSHIP	PERMANENT RESIDENCY	RELATIONSHIP	EMAIL ADDRESS

Exchange Visitor Signature \_\_\_\_\_ Date \_\_\_\_\_ (month/ date/year)

J-1 Coordinator Initials \_\_\_\_\_ Date \_\_\_\_\_ (month/ date/year)