DREXEL UNIVERSITY
International Students and Scholars Services
Student Affairs

J-1 EXCHANGE VISITOR'S INFORMATION FORM

Each section of this application form must be completed. If you leave an area blank, this will delay the issuance of the Form DS-2019 and may prevent you from obtaining the J-1 visa and participating in this program.

Biographical Information – Please print clearly:

Family Name: _____ Given Name _____ Middle Name: _____
(As it appears in passport)

Date of Birth: _____/_____/_____ (*mm/dd/yy*) Gender: ☐ Female ☐ Male

City of Birth: _____ Country of Birth: _____

Country of Legal permanent residence: _____

Occupation in Home Country – Please describe the occupation of the EV of any of the following:

☐ Undergraduate Student ☐ Private Business CEO ☐ **Other (Please be specific):** _____

☐ Graduate Student ☐Professor at Public University _____

Permanent Address:

Address Line 1: _____ Address Line 2: _____ (Apt/Floor)

City: _____ State/ Province: _____ Postal Code: _____

Telephone: _____ – _____ – _____ E-mail Address: _____

Mailing Address (if different from permanent address):

Address Line 1: _____ Address Line 2: _____ (Apt/Floor)

City: _____ State/ Province: _____ Postal Code: _____

Telephone: _____ – _____ – _____ E-mail Address: _____

Dependent's Information:

If any of your family members (spouse and/or children will be accompanying you to the U.S. and will require a -2 dependent status, please provide the following information (please note that a separate Form DS-2019 will be issued to each dependent) :

Dependent 1:

Family Name: _____ Given Name _____ Middle Name: _____
(As it appears in passport)

Date of Birth: _____/_____/_____ (*mm/dd/yy*) Gender: ☐ Female ☐ Male

City of Birth: _____ Country of Birth: _____ Relationship: ☐ Spouse ☐ Child

Country of Citizenship: _____ Country of Legal permanent residence: _____

Dependent 2:

Family Name: _____ Given Name _____ Middle Name: _____
(As it appears in passport)

Date of Birth: _____/_____/_____ (*mm/dd/yy*) Gender: ☐ Female ☐ Male

City of Birth: _____ Country of Birth: _____ Relationship: ☐ Spouse ☐ Child

Country of Citizenship: _____ Country of Legal permanent residence: _____

Dependent 3:

Family Name: _____ Given Name _____ Middle Name: _____
(As it appears in passport)

Date of Birth: _____/_____/_____ (*mm/dd/yy*) Gender: ☐ Female ☐ Male

City of Birth: _____ Country of Birth: _____ Relationship: ☐ Spouse ☐ Child

Country of Citizenship: _____ Country of Legal permanent residence: _____

NOTE: If additional space is required, please attach a sheet with the above information to this application.

Financial Support Information:

Exchange Visitors are required to show proof of financial support for the duration of the J-1 program participation.
Estimated Living Expenses (per month) are as follows:

- **Scholar** **$1,750**
- **Spouse** **$500**
- **Child** **$325**

Documents that Qualify as Proof of Financial Support:

- **An appointment/award letter in the Exchange Visitor's name from Drexel University, a government agency, international organization, or other sponsor.**

The award letter should specify the length of sponsorship and the amount of money provided, living expenses, insurance, dependents, and other personal items. If your appointment/ award will **not cover** all necessary expenses, you may use private or self-sponsorship for the remainder. Appropriate documents reflecting financial ability include, but are not limited to the following:

- **Bank statement, stamped or signed by a bank official**
- **Account summary or summary of liquid assets**
- **Affidavit of support, submitted by sponsor & accompanied by financial verification**
- **Scholarship letter from sponsoring organization outlining dates and terms of scholarships**
- **Letter from employer stating earning for period of requested stay**

NOTE: All financial documents must be current (no older than 6months) at the time of application in order to be considered valid. Also, please provide any appropriate financial support to your department along with this application.

Immigration History:

If you are currently in the U.S., what is your current non-immigrant status? _____
(As it appears in passport)

Previous J-1/J-2 Participation Information:

Have you previously been in the U.S. as a J-1/J-2 Exchange Visitor? ☐Yes ☐No

Status held: ☐J-1 or ☐J-2 J- 1 Category: _____

Duration of J status participation: **From** _____/_____/_____ **to**_____/_____/_____
(*mm/dd/yyyy*) (*mm/dd/yyyy*)

Status held: ☐J-1 or ☐J-2 J- 1 Category: _____

Duration of J status participation: **From** _____/_____/_____ **to**_____/_____/_____
(*mm/dd/yyyy*) (*mm/dd/yyyy*)

Two-year home country requirement (if applicable)

Have you ever applied for a waiver of the two-year home country requirement? Yes☐ No☐

If yes, have you received an approval/ denial notice from DOS or USCIS? Yes☐ No☐

Emergency Contact Information:

Emergency Contact Information in the U.S.:

Name: _____ Relationship: _____ Phone#: _____ -_____- _____

Email Address: _____

Emergency Contact Information at your Home Country:

Name: _____ Relationship: _____ Phone#: _____ -_____- _____

Email Address: _____

I hereby authorize ISSS to contact the above mentioned individuals in the case of an emergency, as deemed appropriate by ISSS. I understand that I must inform ISSS if I wish to change my emergency contact information.

X _____	_____	_____/_____/_____
Exchange Visitor's Signature	Print Name	Date (*mm/dd/yyyy*)

ISSS USE ONLY

☐ Form DS-2019 ☐ I-94 card ☐ Passport (biographical page/visa page) ☐ Proof of health insurance

Initials: _____ (ARO/RO) **Completion Activation Date:** _____/_____/_____(*mm/dd/yyyy*)