

J-1 Visiting Scholar Personal Information Form

Exchange Visitors should complete this form and attach passport ID page(s), proof of English proficiency (if applicable), and proof of financial support, and send the completed form with supporting documentation to the Office of International Education.

Proof of financial support for issuance of the DS-2019 should show minimum of \$6,000 per semester for yourself an additional \$1,750 for your spouse, and an additional \$1,000 per child.

Proof of English Language Proficiency: Please fill out the [English Language Proficiency Form](#) and submit it along with this form.

Health Insurance Regulation: All Exchange Visitors are required to maintain adequate health insurance coverage for themselves and their dependent(s) while residing in the U.S. Willful violation of this regulation will result in program termination. For more information regarding health insurance, please visit the [APSU Health Services website](#).

Please sign below acknowledging this regulation.

Visiting Scholar's Signature

Date

PERSONAL DATA

Last/Family Name

First/Given Name

Date of Birth: Month/Day/Year

Male

Female

Married

Single

City of Birth

Country of Birth

Country of Citizenship

Country of Legal Perm Residence

Current Address (foreign or U.S.)

City

State or Province

Country

Zip/Post Code

Phone Number(s)

E-mail

Home Country Occupation/Profession

Home Country Employer Category (Please choose one):

Academic

Arts

Communication

Private Company

Government

Other _____

IMMIGRATION

Are you presently in the U.S.? Yes No If yes: Current Immigration Status: _____ I-94 # _____

Immigration Start Date: _____ Expiration Date: _____

If currently in J status, do you have medical benefits of at least: \$100,000 per covered accident or illness, \$25,000 repatriation, \$50,000 for medical evacuation, and \$500 or less deductible for yourself and your dependent(s)? Yes No

Have you been in the U.S. in J status within the past 24 months? Yes No **If yes, please attach copies of all previous DS-2019**

If ever in J status are you subject to the 2-year home residency requirement? Yes No

If ever subject to this rule, have you received a no objection letter? Yes No If Yes, what is the case # _____

Have you ever filed to become a Permanent Resident of the U.S.? Yes No

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DEPENDENTS (J-2 Visas) TO QUALIFY FOR J-2 VISAS, THE INDIVIDUAL MUST BE YOUR HUSBAND, WIFE, OR CHILD (UNMARRIED, UNDER 21 YEARS OLD).

SPOUSE (submit copies of marriage certificate and passport ID pages)

_____	_____	_____
Last/Family Name	First/Given Name	Date of Birth: Month/Day/Year
Male Female	_____	_____
	City of Birth	Country of Birth
_____	_____	_____
Country of Citizenship	Country of Legal Perm Residence	E-mail

CHILD (submit copies of passport ID pages)

_____	_____	_____
Last/Family Name	First/Given Name	Date of Birth: Month/Day/Year
Male Female	_____	_____
	City of Birth	Country of Birth
_____	_____	_____
Country of Citizenship	Country of Legal Perm Residence	E-mail

CHILD (submit copies of passport ID pages)

_____	_____	_____
Last/Family Name	First/Given Name	Date of Birth: Month/Day/Year
Male Female	_____	_____
	City of Birth	Country of Birth
_____	_____	_____
Country of Citizenship	Country of Legal Perm Residence	E-mail

CHILD (submit copies of passport ID pages)

_____	_____	_____
Last/Family Name	First/Given Name	Date of Birth: Month/Day/Year
Male Female	_____	_____
	City of Birth	Country of Birth
_____	_____	_____
Country of Citizenship	Country of Legal Perm Residence	E-mail

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