

Request for DS-2019 for J-1 and/or J-2 Dependent(s)

Name of AAMU Faculty Member Making Request: _____

Department: _____

J-1 Name: _____
Family Name First Name Middle Initial

Gender: Male _____ Female _____ Date of Birth: _____
MM/DD/YYYY

City of Birth _____ Country of Birth _____

Country of Citizenship _____

Country of Legal Permanent Residence _____

Position in Country of Legal Permanent Residence _____

Expected Start Date of Exchange _____ End Date of Exchange _____

Specific Disciplinary Area of Exchange Activity _____

Source of Financial Support while in U.S. (if sponsored by AAMU, please specify account name and number _____

Amount per month in USD (\$) _____

Other Sources of Support, if any _____ Amount per month (\$) _____

Will Visitor and/or Dependents be covered by Alabama A&M University Medical Insurance? Visitor _____ Yes ___No Visitor's Dependents ___Yes ___No

A scanned copy of picture page of passport for all exchange visitors and their accompanying J-2 dependants (page with name, birthdate, etc.) should accompany this form.

J-1 exchange visitors are required to have health and accident insurance that meets standards specified by the U.S. Department of State and all dependents holding J-2 status must also be covered by health and accident insurance meeting those same standards (refer to USIA Welcome to the Exchange Visitor. Therefore, the required insurance must be purchased and maintained for the J-1 visitor and all J-2 dependents throughout their stay at Alabama A&M University, either by the visitor or by the sponsoring department. Failure to adhere to these standards may result in termination of the visitor's program. Proof of such insurance covering entire requested period and showing detailed coverage information(translated in English) is required with this form. Also, All exchange visitors under your program must check in with the Office of International Programs upon arrival at the University for orientation. Failure to do so may result in termination of the visitor's program.

J-2 Dependent Information

Family (Last) Name: _____

Given (First) Name: _____

Birthdate: _____

Country of Birth: _____

Country of Citizenship: _____

Country of Legal Permanent Residence: _____

Relationship to Exchange Visitor: Husband ____ Wife ____ Son ____ Daughter ____

J-2 Dependent Information

Family (Last) Name: _____

Given (First) Name: _____

Birthdate: _____

Country of Birth: _____

Country of Citizenship: _____

Country of Legal Permanent Residence: _____

Relationship to Exchange Visitor: Husband ____ Wife ____ Son ____ Daughter ____

J-2 Dependent Information

Family (Last) Name: _____

Given (First) Name: _____

Birthdate: _____

Country of Birth: _____

Country of Citizenship: _____

Country of Legal Permanent Residence: _____

Relationship to Exchange Visitor: Husband ____ Wife ____ Son ____ Daughter ____

Please describe in detail, the program of study and/or training that the J-1 exchange participant will be involved in at Alabama A&M University.

*Signature of Approval for Exchange Visitor's Appointment
(Department Chair, Dean, Vice-President, etc.)*