

**REQUEST FOR CERTIFICATE OF ELIGIBILITY
FORM DS 2019 FOR EXCHANGE VISITOR (J-1) STATUS**

GENERAL BIOGRAPHICAL INFORMATION

Name: _____ Gender _____
(Family Name) (First) (Middle) (Suffix) () Male () Female

Date of Birth: _____
(mm/dd/yyyy) (City of Birth) (Country of Birth) (Country of Citizenship)

Country of Legal Permanent Residence: _____ Employer & Position in home country: _____

Foreign address: _____
(City) (State/Province) (Postal Code) (Telephone Number)

U.S. address: _____
(City) (State) (Zip) (Telephone Number)
 Email Address: _____ (PLEASE PRINT)

Have you or your dependent(s) ever been to the United States in J1 or J2 status? If so, please provide the dates of all prior visits _____ to _____. Are you currently in the U.S.? If so, list your current visa type _____. Do you have a U.S. Social Security Number? If yes, provide a copy of card or number.

DEPENDENT INFORMATION

List any dependents (legal spouse and/or children under 21 years of age only) accompanying the student/scholar. You MUST supply the following information. Dependent(s) full name(s) are required. (Use additional page and attach if needed).

Name: _____ Relationship: _____ Birthdate: _____
(Family) (First) (Middle) (Specify) (mm/dd/yyyy)

City/Country of Birth: _____ Citizenship: _____ Permanent Residence: _____

PROGRAM INFORMATION

This form covers the period from _____ to _____. Describe the purpose of the student/ scholar's visit in detail to include the duties and responsibilities, subject area, and field of specialization.

FINANCIAL INFORMATION

List the total amount of *funding for the period covered by this form* (not the amount per month or year).

A. Florida A&M University (specify department)	US\$\$
A. U.S. Government Agency (specify)	US\$\$
B. International Organization (specify)	US\$\$
C. Scholar's Home Government (specify)	US\$\$
D. Bi-national Commission (specify)	US\$\$
E. Personal Funds (must attach proof of funds, if primary source)	US\$\$
F. Other (specify)	US\$\$

DEPARTMENT INFORMATION

Department contact person for additional information: Name _____ Telephone No. _____

Requesting Faculty: Full name _____ Signature _____ Date _____

Director/Dean: Full name _____ Signature _____ Date _____

Asst Vice Pres/Interim Dir: Full name _____ Signature _____ Date _____

Provost/Vice President: Full name _____ Signature _____ Date _____

By signing this form, I hereby certify that I will comply with the intent of J-1 exchange visa program in promoting educational and cultural exchanges between the U.S. and foreign governments as established Fulbright-Hayes Act of 1961.

NOTE: All applicable fields must be completed and returned with a (color) copy of information pages of passport, prior U.S. immigration documents, highest degree, admissions or employment documents. (Updated 2/17/2016) - avs