



J-1 EXCHANGE VISITOR (EV) DATA FORM

This form should be completed by the prospective J-1 Exchange Visitor

Please note, if any information that is requested below also appears in your passport, it should be filled out EXACTLY as it appears in your passport and/or any other official documentation that you plan to provide to the U.S. Embassy during your visa interview (e.g. do not use an abbreviated version of your name). This will minimize the chance of any problem when you apply for the J-1 exchange visitor visa.

EXCHANGE VISITOR INFORMATION

Family Name: _____ Male Female

Given Name(s): _____

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

Country of Citizenship _____ Country of Permanent Residence: _____

Position / Occupation in Home Country of Permanent Residence: _____

Please submit copies of your **biographical page(s) of your passport** and **curriculum vitae** to the DePaul faculty/staff member with whom you are in communication regarding the DS-2019 request.

PROGRAM INFORMATION

Have you held J-1 or J-2 immigration status in the U.S. in the past 24 months? Yes No

If yes, attach copies of **all** previously issued DS-2019 forms.

Date of planned arrival in the United States (mm/dd/yyyy): _____

Date of planned departure from the United States (mm/dd/yyyy): _____

DEPENDENT INFORMATION

If any, will your spouse or dependent child accompany you? Yes No

Has your spouse or child held J-1 or J-2 immigration status in the U.S. in the past 24 months? Yes No

If yes, attach copies of **all** previously issued DS-2019 forms.

The following biographical information must be provided for **each** accompanying dependent:

Relationship: Spouse Child

Family Name: _____ Male Female

Given Name(s): _____

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

Country of Citizenship _____ Country of Permanent Residence: _____

E-Mail: _____

Please submit copies of your dependents' **biographical passport page(s)** as well as **proof of relationship** (copy of marriage certificate for spouse and birth certificates for unmarried children under 21 years of age) with an official **English language translation** to the DePaul faculty/staff member with whom you are in communication regarding the DS-2019 request.

EXCHANGE VISITOR CONTACT INFORMATION

Home/Mailing Address: _____

E-Mail: _____

I certify that the information above is accurate. I further understand that I will purchase adequate medical insurance coverage that meets the U.S. government requirements for the duration of my J-1 status (including any J-2 dependents that may accompany me).

Scholar Name (PLEASE PRINT) _____ Signature _____ Date _____