

**REQUEST FOR DS-2019 FORM
"Certificate of Eligibility for
Exchange Visitor (J-1) Status"**

Please type or print legibly

Personal Information

Name (as it appears in your passport):

_____ () Male () Female
Family Name First Name Middle Name

Date of Birth: _____ Place of Birth: _____
US format: Month – Day – Year City, State or Province Country

Country of Citizenship: _____ Country of Legal Permanent Residence: _____

Highest Degree Earned: _____ Institution: _____

Current or most recently held position in country of legal permanent residence (i.e., graduate student, professor, researcher, etc.): _____ Institution: _____

Type of Institution: () Government: _____ Central _____ State/Province/Regional _____ City/Town
() University/College
() Private Company

Purpose of Visit

() Course Attendee: Course Name: _____ Status: (student, faculty, TA, etc.) _____

() Research Award Recipient: Research Area (neurobiology, physiology, etc.): _____

() Employee: MBL Department: _____

() Other (please describe): _____

Arrival Date: _____ Departure Date: _____

If you are a student in a course, these dates must coincide with the dates of your course; if you are a faculty/lecturer/teaching assistant in a course, these dates must coincide with the dates of your MBL housing request/assignment.

J Exchange Program History

List the most recent visit to the U.S. as a J-1 Exchange Visitor (if any): From _____
Month, Day, Year
to _____
Month, Day, Year Category (Short-term Scholar, Research Scholar, Student) _____

Shipping Information

Shipping address (DS-2019 will be delivered to you by courier so this CANNOT be a Post Office Box address):

Institution (if applicable): _____

Address: _____

Address: _____

City: _____ State/Province: _____

Country: _____ Postal Code: _____

Phone: _____ Fax: _____ E-mail: _____

MARINE BIOLOGICAL LABORATORY

Acceptable Proof of Funds:

Foreign Government, Foreign Employer, or Other Non-MBL Organizational Funding: If you will be funded by a Foreign Government, Foreign Employer, or Other Non-MBL Organization, an official letter on letterhead from the funding source must be submitted confirming the following: 1) total amount of funding provided to you (the exact amount and the type of currency in which the amount is stated); 2) the dates during which the funding will be provided; and 3) the signature of the person in the organization who is authorized to guarantee the funding.

Personal/Family Funds: If you will be funded by personal or family funds, you must provide bank statements or bank letters showing savings sufficient to meet minimum funding requirements in US dollars. These documents must state a specific amount of funds available to you. If the documents you submit are in a family member's name, they must be accompanied by a statement from that person confirming the following: 1) relation to you; 2) intent to sponsor your stay in the US; 3) amount and currency; and 4) duration of support.

Note: All documents showing proof of funds not written in English must be accompanied by an English translation. Facsimile or scanned copies can be provided, but official documents must also be sent by mail.

INSURANCE NOTIFICATION AND CLEARANCE FORM

The Exchange Visitor Program requires all program sponsors to notify their exchange visitors that they and their dependents must have insurance coverage that meets the following minimum criteria:

- É Medical benefits of at least \$100,000 per accident or illness
- É****Repatriation of remains in the amount of \$25,000
- É Expenses associated with the medical evacuation of the exchange visitor to his or her home country in the amount of \$50,000
- É****A deductible not to exceed \$500 per accident or illness

You must show proof of insurance within 3 days of your arrival at MBL and the coverage for the exchange visitor and dependents must remain in effect for the duration of the exchange visitor's association with the MBL.

Please sign the statement below: *"I agree to maintain insurance coverage that meets the above limits as set by U.S. Dept. of State for myself and my dependents for the full length of our stay in the United States. I understand that failure to do so may result in the termination of my J-1 program."*

Signature: _____ Date: _____

Signature: _____ Date: _____

Some Important Reminders:

- Do not forget to spell your name exactly as it appears on the passport.**
- Do not forget to put your date of birth in order by month, day, and year.**
- Do not forget to attach proof of funding sources and amounts if required.**

Please return your request to:

Kate Ahern-Wolseley, Foreign National Coordinator
Marine Biological Laboratory
7 MBL Street
Woods Hole, MA 02543-1015, USA
Telephone: 508-289-7275
Fax: 508-289-7128
E-mail: visas@mbledu