

## **Scholar Information for New or Transfer in Requests for Form DS-2019 for J-1 Exchange Visitors**

(To be completed and signed by the incoming scholar)

### **Personal Information**

1. Name exactly as indicated on your passport

Family/Surname \_\_\_\_\_ Given/First \_\_\_\_\_

2. Date of Birth: (month)\_\_\_\_ (day)\_\_\_\_ (year)\_\_\_\_ 3. Gender: ☐ Male ☐ Female

4. City of Birth: \_\_\_\_\_ 5. Country of Birth: \_\_\_\_\_

6. Country of Citizenship: \_\_\_\_\_

7. Country of Legal Permanent Residency: \_\_\_\_\_  
(If different from Country of Citizenship, must provide proof of this immigration status.)

8. Position/Occupation in Home Country (ie: student, researcher, etc): \_\_\_\_\_

9. Email Address: \_\_\_\_\_

10. Current home country residential address:

Street \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_ Post Code \_\_\_\_\_

### **Visa Specific Information**

11. Are you currently in the U.S? ☐ Yes ☐ No If yes:  
a) What is your current immigration status? (Please provide copies of current documents (i.e. DS-2019, I-20, EAD Card, I-797, etc.)) \_\_\_\_\_  
b) Do you have plans to depart the U.S. and re-enter before beginning your appointment at MBL? ☐ Yes ☐ No

12. Have you been in the U.S. in J status (including J-2) within the last 2 years? ☐ Yes ☐ No  
If yes, please provide copies of previous DS-2019 forms and list the dates of the visit(s) here: \_\_\_\_\_  
If yes, have you ever applied for and received a waiver, or recommendation for a waiver of 212(e), the 2-year home residency requirement? ☐ Yes (attach a copy) ☐ No ☐ Not Sure

13. Have you ever filed, or has someone filed for you, an application for U.S. permanent resident status? ☐ Yes ☐ No

14. If your appointment at MBL is for 6 months or less, do you plan to transfer your J-1 visa to another U.S. institution after your MBL appointment is complete? Yes No Not Sure

15. Do you have family members who will need immigration documents from MBL to accompany you? ☐ Yes ☐ No  
If yes, please complete the following and provide copies of the biographical page of passports for each dependent and marriage certificate with English translation.

Name (Last, First)	Gender and Relationship	Date of Birth	City and Country of Birth	Country of Citizenship	Country of Permanent Residence

Dependent Information  
Continued

Name (Last, First)	Gender and Relationship	Date of Birth	City and Country of Birth	Country of Citizenship	Country of Permanent Residence

**\*\*Exchange Visitor compliant health and accident insurance is mandatory for J-1 scholars and accompanying J-2 dependents. Please see below for insurance requirements.**

**Appointment Information**

16. Faculty Host: \_\_\_\_\_ MBL Dept: \_\_\_\_\_

17. Dates of Visit, Subject/Field and Short description of your Primary Activity at MBL:

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18. Do you anticipate conducting work at any other site or for any other entity other than MBL?

☐ Yes ☐ No

If yes please explain:

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**Funding Information**

19. Source(s) of Financial Support (enter amount in U.S. Dollars and include currency conversion with all funding documentation)\*:

MBL \$ \_\_\_\_\_

Exchange Visitor's Government (attach the award letter (with English translations)) \$ \_\_\_\_\_

Other Organization (specify) \_\_\_\_\_ \$ \_\_\_\_\_

(attach the award letter)

Personal funds (attach a financial statement) \$ \_\_\_\_\_

\*Personal funds are only accepted if no other funding source is available or to supplement another funding source

**\*\*Financial Support Guidelines: For Exchange Visitor: \$2700/month. If family members will accompany you, please allow \$500 per month for spouse and \$400 per month per child. (You may pro-rate for daily and/or weekly amounts).**

**Health Insurance Information for J-1 Exchange Visitors**

U.S. Department of State regulations require **all J-1 Exchange Visitors and their accompanying J-2 dependents** to have health insurance throughout the period of participation in the Exchange Visitor Program. Minimum acceptable coverage would provide:

1. Medical benefits of at least \$100,000 per accident or illness
2. Repatriation of remains in the amount of \$25,000
3. Expenses associated with medical evacuation in the amount of \$50,000
4. Deductible not to exceed \$500 per accident or illness

**I understand that the U.S. Department of State requires all participants in Exchange Visitor Programs and their accompanying dependents to have health and accident insurance at the required minimum level of coverage for the duration of their stay at the Marine Biological Laboratory.**

***I understand that by signing this form does not automatically enroll me in health insurance and that I am responsible for the purchase and subsequent cost(s) of health insurance to obtain and sustain my visa.***

***I further confirm that all the information provided in this form is true and accurate to the best of my knowledge.***

**Scholar's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_