



Please complete the following information about yourself. You will also need to submit the following items to the Millersville University department hosting your J-1 program:

1. This information form completed and signed
2. A copy of a passport picture page for the J-1 exchange visitor and J-2 dependents (if any)
3. Financial documentation of all non-Millersville University funding sources
4. If you have held J-1 or J-2 status in the past two years: Legible copies of all DS-2019, J-visa and latest I-94 card (front side only)
5. If you are currently in the U.S.: Copies of your current immigration documents. I-94, visa, I-20 or DS-2019, EAD if on OPT, etc.

PLEASE ALLOW ONE (1) WEEK FOR PROCESSING					
BIOGRAHICAL INFORMATION					
Primary Name (Surname):		Given Name:			
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth:			
Country of Citizenship:		City and Country of Birth:		Country of Permanent Residency:	
Permanent Address:		Phone Number:			
		Email:			
		U.S. Social Security Number (if any):			
		Millersville University ID (if any):			
Mail DS-2019 to Address:		Position or Occupation (in country of permanent residence): (if student, indicate level in school)			
		Institution/Organization where position/occupation was held:			
Major Subject/Field:		Specialty within field:			
Have you ever been in a J-1 program before at Millersville University? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Dependent (J-2) Information					
Exchange visitor's non-U.S. citizen spouse and children under the age of 21 are eligible to obtain J-2 dependent status.					
Will your family members accompany you to the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO					
	Dependent 1	Dependent 2	Dependent 3	Dependent 4	Dependent 5
Relationship to J-1 (i.e. spouse, child)					
First Name					
Last Name					
Birth Date					
City					
Birth Country					
Permanent Residence Country					
Millersville University ID (if any):					

U.S. IMMIGRATION INFORMATION please answer the following questions.

Have you ever held a J-1 or J-2 status in the past two years preceding the requested program? YES NO

How will you obtain J-1 status?

- I will apply for a J-1 visa at U.S. consulate/embassy abroad
- I am in the U.S. in another status and will request to change my status to J-1 within the U.S.
My current status is _____
- I am currently in J-1 status and will transfer my J-1 program to the Millersville University
Have you applied for 212(e) [two-year home residency requirement] waiver? YES NO
If yes, have you received a waiver recommendation from the U.S. Department of State? YES NO
When did you begin your J-1 status at your current institution? _____ (mm/dd/yyyy)
What organization/institution is your J-1 program sponsor? _____

What is your current J-1 category? Student Research Scholar Professor Short Term Scholar Other _____

Will you be visiting other U.S. universities during your stay at Millersville University? YES NO
If yes, what are your plans?

What other U.S. Visa stamps do you hold? B F Other

FUNDING SOURCES Please specify all outside funding sources you will receive during your J-1 program. If you will be fully funded by Millersville University, you do not need to complete this sections. Please note the minimum requirements below.

Minimum Funding Amounts

Exchange visitor (no dependents)	\$2,500 per month
J-2 dependent (spouse):	\$500 per month
J-2 dependent (child):	\$300 per month

Name of Organization	Funding Amount
	\$
	\$
	\$

Original copies of financial documentation for all non-Millersville University funding sources are required. Examples are a personal bank statement or an award letter. The document must contain the following information:

1. Your full name
2. Is dated no more than 6 months before a DS-2019 form is requested
3. Is written in English or has been translated into English
4. Specifies the amount of funding

READ THE STATEMENT BELOW, SIGN AND DATE

I understand that as a J-1 Exchange Visitor, I am required to attend a mandatory check-in program at the Millersville University Office of International Programs and Services and that I am required to maintain health insurance that meets the requirements of the U.S. Exchange Visitor program and the Millersville University. To the best of my knowledge, all of the information I have supplied here is accurate.

Signature: _____ Date: _____