



Office of International Student & Scholar Services

Page-Robinson Hall, Suite 420
69 Brown Street, Box 1906
Providence, RI 02912
https://oiss.brown.edu

Phone: 401-863-2427
Fax: 401-863-7543
oiss@brown.edu

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 [] Other []

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 (i.e.: undergraduate student, researcher, etc.): _____

9. Email Address: _____

10. Current home country residential address:

Street _____ City _____ State/Province _____ Post Code _____

Appointment Information

11. Faculty Host: _____ Brown Dept or Hospital Dept: _____

12. Subject/Field and short description of your Primary Activity at Brown/Hospital: _____

13. Do you anticipate conducting work at any other site or for any other entity other than Brown or the Hospital? Yes [] No []

If yes please explain:

14. J-1 Exchange Visitors are not permitted to work remotely more than 40%, or 2 days per week. Will you be permitted to work remotely, not to exceed 2 days, or 40% of the work week? Yes [] No []

15. If yes, please provide the physical location of your remote work, if known:

Street _____ City _____ State _____ Zip _____

Visa Specific Information

16. 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 Brown? Yes [] No []

17. 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
18. Have you ever filed, or has someone filed for you, an application for U.S. permanent resident status? Yes No
19. If your appointment at Brown is for 6 months or less, do you plan to transfer your J-1 visa to another U.S. institution after your Brown appointment is complete? Yes No Not Sure
20. Do you have family members who will need immigration documents from Brown 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

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

Funding Information

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

- Brown University or Affiliated Hospital \$ _____
- 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: \$2868/month. If family members will accompany you, please allow \$604 per month for spouse and \$431 per month per child.**

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 Brown University.

I understand that by signing this form I am not enrolled in health insurance automatically and that I am responsible for the purchase of such health insurance.

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: _____