University of North Carolina at Chapel Hill (UNC)
International Student and Scholar Services (ISSS) - PHONE: (919) 962-5661, FAX: (919) 962-4282

PERSONAL INFORMATION (for application for Form DS-2019 for J-1 Exchange Visitor Status)

Part II: To be Completed by the Prospective Scholar (and returned to sponsoring UNC Department)

Name ___________________________________________  Family/Last First Middle

Date of birth: _____/_____/______  Sex: Male_____ Female_____  Email ___________________________________________
(Month/Day/Year)

City of birth _______________________________________  Country of birth ________________________________

Country of Citizenship _____________________________  Country of legal Permanent Residency _________________________

Educational Degrees Earned (followed by subject & date received): ________________________________________________

Have you ever been in J immigration status?  Yes ___ No ____  If YES, dates & locations: _____________________________

Have you applied for (Yes___ No ___) or received (Yes___ No ___) a waiver of the 2-year home residency requirement?

Are you currently in the US?  Yes ____ No ____  If YES, please answer questions A-C.  A. Current visa status (in US) ____________

Expiration date of current authorized period of stay (as noted on form I-20, DS-2019, EAD, I-797, etc): ________________

C. Will you be:  Re-entering on UNC Chapel Hill visa documents?  Yes _____ No ____

Transferring from another (J-1) program while in the US?  Yes _____ No ____

Requiring a change of non-immigrant status to J-1?  ** Yes _____ No ____

*Previous institution must approve SEVIS transfer before J-1 terminates program at previous institution and begins work at UNC.

**Change of Status applications may require several months for US Citizenship and Immigration Service to adjudicate and you may not work during this period unless previously approved employment authorization is still valid.

Occupation in home country:
[ ] University Professor/Researcher  [ ] Professional/Scientist employed by:
[ ] Graduate Student  [ ] Government: Central _____ Regional _____ City ______

[ ] Undergraduate Student  [ ] Private Business

[ ] Corporation/Institution

[ ] Other Occupation: ___________________________  Name of Employer in home country: ___________________________

Do you have a U.S. Social Security Number?  Yes ______ No ____  If yes, bring Social Security number to check in at ISSS.

Will family members join the foreign national?
No _____  Maybe later _____  Yes, entering with foreign national _____  Yes, entering separately from foreign national _____

Visa status your family members will use to enter the U.S. ______  Approximate date of family’s arrival ________________

Please list below information for accompanying family members for J-1/J-2 visa status (spouse and unmarried children under 21 years only):

Additional family members may be indicated on a supplemental sheet. Marriage certificate & children’s birth certificates may be required by U.S. visa officer and immigration officer.  "Attach photocopies of passport of foreign national and all dependents with this form.

<table>
<thead>
<tr>
<th>FAMILY NAME</th>
<th>First Name</th>
<th>Relationship</th>
<th>Sex</th>
<th>Birth date</th>
<th>City &amp; Country of Birth</th>
<th>Citizenship</th>
<th>Perm. Residency</th>
</tr>
</thead>
<tbody>
<tr>
<td>FAMILY NAME</td>
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</tr>
</tbody>
</table>

Insurance Requirement: Throughout their stay, J-1 Exchange Visitors and their dependents must carry medical insurance which meets Department of State requirements. Exchange Visitors will be required to certify compliance with this requirement when they check in at ISSS. Failure to carry adequate health insurance will result in a violation of non-immigrant status and possible program cancellation.

Attach original financial documents if funding from UNC Chapel Hill is not sufficient to meet the following estimated minimum cost of living: $1,450/ month for the Exchange Visitor, $700/month for a spouse, and $350/month per child. Original financial documents will be returned to you with the DS-2019 form.  Also attach a resume or curriculum vitae.

You must read and sign the following statements:  "The information provided on this request form and on any attached documents is true, correct, and complete to the best of my knowledge.  I understand that I must carry the required medical insurance for myself and any accompanying family members for the duration of my J status in the United States."

__________________________  __________________________
Signature            Date

Revised 03/2010