

Please email the following documentation to ISSS@stevens.edu:

- **Complete J-1 Exchange Visitor Information Form**
- **Exchange Visitor's Curriculum Vitae**
- **Financial Support Documentation (if not fully funded by Stevens):** Financial support may consist of sponsorship letter from EV's home institution, original or notarized copied bank statements/letter, US/foreign government sponsorship letters, home country employer, international organization, etc. All financial documents must be in the English language.
- **Copy of passport identity page**
- If requesting dependent DS-2019(s), please refer to [Request for Dependent Form DS-2019](#)
- If already in the U.S., copy of previously issued DS-2019 or I-20 Forms for self and dependents, if any

J-1 Exchange Visitor Information - SECTION I

First/Given Name (as in Passport)

Last/Family Name (as in Passport)

Gender

Male

Female

Date of Birth (month/day/year)

City of Birth

Country of Birth

Country of Citizenship

Country of Legal Permanent Residence

Occupation in Home Country (graduate student, professor , etc.)

Mailing Address (Street Address, City, State/Province, Postal Code, Country)

E-mail address

Telephone Number

Date of SOPA (English Exam), if applicable and known

Have you previously been in the United States in J-1/J-2 Status?

Yes, I was in J-1/J-2 status.

No, I have never been in J-1/J-2 status in the United States.

If yes, please indicate all time period(s) of your previous J-1/J-2 status.

Minimum financial support amount per month in U.S. dollars

- * Scholar: \$2,400.00
- * Spouse: \$500.00
- * Child: \$400 (each)

Minimum Insurance Coverage Requirements

- * Medical benefits per accident or illness: \$100,000 minimum
- * Payment for repatriation of remains: \$25,000 minimum
- * Payment for medical evacuation to home country: \$50,000 minimum
- * Deductible per accident or illness: \$500 or less

I affirm that I have read the “Maintenance of Status” information on [Stevens’ J-1 Scholar Website](#) and understand the terms and responsibilities for participation under [Stevens’ Exchange Visitor Program](#), and that I agree to abide by the following terms:

I have read the J-1 Exchange Visitor Program “Participants” page: <http://j1visa.state.gov/participants/>

Yes

No

I understand and agree to abide by the terms of my program participation as outlined in Stevens’ offer/ appointment letter. I understand I am only authorized to engage in program activities as outlined in Stevens’ letter and on my DS-2019, and may not engage in outside employment.

Yes

No

I understand that I must have health and accidental insurance that meets the Department of State requirements for Exchange Visitors for the duration of the program, and that I must present evidence of same to ISSS. Further, I understand that I must provide evidence of medical insurance for any dependent(s) (spouse/minor children) in J-2 status that accompany or follow to join me at a later date.

Yes

No

Signature of Exchange Visitor

Date