



INTERNATIONAL STUDENTS & SCHOLARS

163 William Street, 16th Floor
 New York, NY 10038
 (212) 346-1368

DS-2019 REQUEST - CERTIFICATE OF ELIGIBILITY FOR EXCHANGE VISITOR (J1) VISA

To be completed by Visiting Scholar - Please type or print clearly

Pace Hosting Department _____

Pace Contact Person _____ Phone _____

LAST/FAMILY Name	
First/Given Name	
Middle/Maiden Name	
Date of Birth (Month/Day/Year)	_____/_____/_____ MM DD YYYY
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
City of Birth	
Country of Birth	
Country of Citizenship	
Country of Legal Permanent Residence	
Email Address (please print clearly)	
Contact phone number	
Academic Field of Research/Teaching at Pace	
Academic Degree, Field & Position at Home Country	_____/_____/_____ Degree Field Position
Address in home country	Street Address _____ Town/City _____ Country _____ Postal Code _____
Start assignment date	_____/_____/_____ MM DD YYYY
End assignment date	_____/_____/_____ MM DD YYYY
Previous J-1 status	Have you ever held J-1 status in the U.S. in the past? Yes _____ No _____ If yes, please include photocopies of your previously issued DS-2019 form(s).

MARITAL STATUS

If married, will spouse and/or children accompany you?
Will he/she/they join you at a later date?

- | | |
|---------------------------------|----------------------------------|
| <input type="checkbox"/> Single | <input type="checkbox"/> Married |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |

FAMILY INFORMATION

If family member(s) will accompany you or join you at a later date as a dependent on your visa status, please complete the following section for each family member. If you have more than three family members, please attach separate sheet.

LAST Name _____ First _____

Middle Name _____ Date of Birth _____
(MM/DD/YYYY)

Gender _____ Relationship (Spouse/Child) _____

City of Birth _____ Country of Birth _____ Country of Citizenship _____

Country of Legal Permanent Residence _____

LAST Name _____ First _____

Middle Name _____ Date of Birth _____
(MM/DD/YYYY)

Gender _____ Relationship (Spouse/Child) _____

City of Birth _____ Country of Birth _____ Country of Citizenship _____

Country of Legal Permanent Residence _____

LAST Name _____ First _____

Middle Name _____ Date of Birth _____
(MM/DD/YYYY)

Gender _____ Relationship (Spouse/Child) _____

City of Birth _____ Country of Birth _____ Country of Citizenship _____

Country of Legal Permanent Residence _____

FUNDING INFORMATION

Source(s) of Funding _____

Amount (US \$) _____

If your funding source is other than a Pace salary or stipend, an official financial sponsorship letter in U.S.\$ must be provided. A minimum of \$15,000/year is needed for living expenses (as the "principal alien") plus an additional \$10,000/year for a spouse and \$5,000/year per child (as your "dependents"). All financial statements must be in English and in U.S. \$.

INSURANCE REQUIREMENT

All J-1 Exchange Visitors are required by U.S. law, as a condition of their J-1 visitor status in the United States, to carry health insurance for themselves and accompanying family members in J-2 status. By government regulation, minimum coverage must provide \$100,000 per person per accident or illness; at least \$25,000 for repatriation of remains; at least \$50,000 for medical evacuation to the home country; and a deductible not to exceed \$500 per accident or illness. You may purchase international health insurance through Pace University or obtain your own health insurance coverage. A copy of the insurance policy in English confirming the above coverage is required to present to International Students & Scholars upon your arrival, should you decide to purchase your own insurance.