

H A M P S H I R E C O L L E G E

Request for Form DS-2019 for J-1 Exchange Visitor

Mail, fax, or email the completed request and accompanying documentation to:
 Global Education Office, Hampshire College, 893 West Street, Amherst, MA 01002, USA;
 Fax 413.559.6173; Email kirwin@hampshire.edu

I. Biographical and Passport Information

1. Scholar's name as it is exactly indicated on his/her passport:
 Family (Last) _____ Given (First) _____ Middle _____
2. Date of Birth (month/day/year): _____ 3. Gender: Male Female
4. City of Birth: _____ 5. Country of Birth: _____
6. Country of Citizenship: _____ 7. Country of Permanent Residency: _____
8. Passport Number: _____ 9. Passport Expiration(M/D/Y) _____

II. Appointment and Visa History Information

1. Position/Occupation in Home Country (if none, use most recent position): _____
2. Academic subject / field : _____
3. Program dates at Hampshire College: Start Date: _____ End Date: _____
4. Hampshire Position Title: _____, primarily Teaching Research
5. Primary academic area/field of activity at Hampshire: _____
6. Is the scholar currently in the U.S? Yes No
 If yes, please indicate immigration status and provide copies of current immigration documents (i.e. DS-2019, I-20, EAD Card, I-797, etc.)
7. Has the scholar been in J status (including J-2) within the last 24 months? Yes No
 If yes, please provide copies of previous DS-2019 forms
8. Does the scholar plan to bring dependents: No Yes

If yes, please complete the following and **provide copies of the biographical information page from the passports of each dependent.**

Name (Last, First)	Relationship	Date of Birth	City and Country of Birth	Country of Citizenship	Country of Permanent Residence

III. Source(s) of Financial Support

A visitor must demonstrate access to at least \$1500/month for living expenses. Additional funds (\$500/month) for the first dependent plus \$300/month for each additional dependent) must be documented for any accompanying family members.

Before we can prepare a DS-2019 Form, we must have evidence that the amount of available funds meets the above requirements. Please indicate the amounts and sources of support below in US Dollars:

Hampshire College	\$ _____
Home Institution	\$ _____
Exchange Visitors' Government	\$ _____
Other Organization	\$ _____
Name : _____	

Personal Funds	\$ _____
Total:	\$ _____

In addition please attach any or all of the following (please check all that apply):

- Invitation letter from Hampshire College
- Support letter from home institution indicating salary or additional funding/support
- An award letter from home government or an outside agency (with English Translations)
- Bank statement that shows personal funds in US \$ (especially if bringing dependent)

IV. Health Insurance Requirement

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:

- medical benefits of at least \$100,000 per accident or illness
- repatriation of remains in the amount of \$25,000
- expenses associated with medical evacuation in the amount of \$50,000
- deductible not to exceed \$500 per accident or illness

Unless otherwise notified, Hampshire will provide insurance for the J-1 visitor for the duration of their program. Scholars are responsible for acquiring insurance for their dependents. Hampshire will provide list of possible insurance providers that meet requirement.

V. English Language Proficiency

U. S. Department of State regulations require that visiting scholars demonstrate satisfactory English language competency by means of one of the following objective measurements of English language proficiency:

- A recognized English language test;
- Signed documentation from an academic institution or English language school; or
- A documented interview conducted by the sponsor either in-person or by videoconferencing, or by telephone if videoconferencing is not a viable option

If possible, please provide one of the first two above. If you are unable to provide evidence, Hampshire College will conduct an interview to be scheduled at a later time.

VI. Contact/Travel Information

1. Please provide scholar's contact information prior to anticipated departure.

Street

City

State

Zip Code

Country

Primary Telephone: _____ Primary Email: _____

2. Please send visa documents to

- Address listed above
- Different Address:

Street

city

state

Zip Code

country

3. Travel Arrangements (check one)

- Scholar will arrange own travel to and from the U.S. in time for program start date (note: visitors may arrive up to 30 days before program start date and must leave no later than 30 days after program end date)
- Please have Hampshire arrange round trip travel around program start and end dates
- Please have Hampshire arrange my round trip travel for the following dates:
Preferred Arrival Date (+/- 3 days): _____
Preferred Departure Date: (+/- 3 days): _____

VII. Acknowledgement/Signature (to be signed by the visiting scholar)

I have read and understood the Health Insurance and English Language requirements and will provide required documentation as requested. I understand that it is my responsibility to comply with U.S. visa regulations and maintain my visa status. I also understand that both the logistical arrangements and financial support (including health insurance) for my dependents is my responsibility.

Visitor's Printed Name

Visitor's Signature

Date

Documents that must be attached with this request:

1. Copy of the Exchange Visitor's CV or resume
2. Photocopy of biographical page of scholar's passport and any prior visas (includes dependents)
3. A biographical and proposal statement highlighting what the scholar would like to accomplish during the visit to Hampshire