

I3S DS-2019 Request Form PART B - To Be Completed by Exchange Visitor

Name of Visiting Scholar: _____
Family Name Given Name Middle Name

Gender: Male Female Check here if you have previously attended WMU as a Scholar Student

Check here if you have previously visited the U.S. If checked, please explain in detail on the back of the form.

Check here if you have applied for a **waiver** of the Two Year Home Country Physical Presence requirement. If so, please explain in detail on the back of the form.

Date of Birth: _____ Place of Birth: _____
Month/day/year City Country

Country of Citizenship: _____ Country of Permanent Residence: _____

Position or Title in Home Country: _____ Employer: _____

Foreign Address: _____
Your Immigration documents will be mailed to this address unless otherwise requested.

U.S. Address: _____

Phone: _____ Fax: _____ E-mail: _____

If you are already in the United States, please indicate your current immigration status (F-1, J-1, H-1B, etc.): _____ (please attach a copy of your current immigration documents, such as DS-2019, I-20, arrival/departure record, I-797 Notice, etc.)

Date First Entered U.S. as J-1: _____ I-94 #: _____

SEVIS ID#: _____ WIN (if available): _____

If your family (spouse and/or children under 21 years of age) will accompany you to the United States, please complete the box below. ***If the country of citizenship and the country of permanent residence are different, please put the country of permanent residence in parenthesis.***

Name (Family, Given) & Relationship	City of Birth	Country of Birth	Date of Birth (mo/day/yr)	Gender (male or female)

INSURANCE STATEMENT (Please read and sign the following statement).

I understand that, per the requirement from the U.S. Department of State, during my period of appointment at Western Michigan University as a J-1 Exchange Visitor, I must comply with the Department of State regulations which require that I purchase health insurance for myself and my accompanying J-2 dependents (spouse and children), if applicable, throughout the duration of my/our visit in the U.S. I understand that failure to comply with this requirement will result in termination from the Exchange Visitor Program at Western Michigan University.

Signature: _____ Date: _____

MAIL OR SEND THIS SHEET AS AN E-MAIL ATTACHMENT TO YOUR HOST DEPARTMENT AT WESTERN MICHIGAN UNIVERSITY. BE SURE TO INCLUDE A COPY OF YOUR PASSPORT, RESUME PROVING ATTAINMENT OF A BACHELOR'S DEGREE OR HIGHER IN A RELATED FIELD, ARRIVAL/DEPARTURE RECORD (IF ALREADY IN THE U.S.), DS-2019S/IAP-66S (IF HAVE ANY) AND VERIFICATION OF FINANCIAL SUPPORT (IF WILL BE NOT FUNDED BY WMU). FOR ANY QUESTIONS, CONTACT THE IMMIGRATION OFFICER AT (269) 387-5865.