

The Office of International Affairs (OIA) must determine an individual's eligibility to be issued a Certificate of Eligibility for Exchange Visitor Visa (J-1) Status Form DS-2019 to be used when applying for the J-1 visa at a U.S. Embassy or Consulate abroad, or if the visitor is already in the U.S., by sending the Form DS-2019 to USCIS when applying for a change of status to J-1. Visitors must demonstrate to OIA that:

- 1) You have received administrative approval for your appointment at the University of Texas Health Science Center at Houston (UTHSC-H) or you have been admitted to an eligible academic program at UTHSC-H
- 2) You are capable of financing your stay in the U.S. for the period of time of the requested Form DS-2019
- 3) Immigration regulations will not prohibit you from being issued the Form DS-2019

OIA will be provided with a copy of your appointment letter from the department you have been hired by or admission letter from the school you have been admitted to. Visitors hired by/admitted to UTHSC-H must complete and sign this form and return all original supporting documentation to OIA at the address below in order to determine eligibility for the Form DS-2019.

Section I: To Be Completed By Hiring Department

Sponsoring Institution: ☐ The University of Texas Health Science Center at Houston ☐ Texas Heart Institute

Hiring Department

Department Contact Information: Name

Title

Telephone Number: Work

Fax

E-mail Address

Projected program start and end dates:

Start Date (MM/DD/YYYY)

End Date (MM/DD/YYYY)

Section II: Visitor Information

LAST/FAMILY NAME

First/Given Name

Middle

Gender: ☐ Male ☐ Female

Date of Birth (MM/DD/YYYY)

City of Birth

Country of Birth

Country of Citizenship

Country of Legal Permanent Residence

Name of Institution, Agency, or University Affiliated With in Home Country

Title or Occupation of Last Position Held in Home Country (e.g. Professor, Instructor, Undergraduate/Graduate Student, etc.)

Phone: 713-500-3176 Fax: 713-500-3189

E-mail: utoiahouston@uth.tmc.edu

7000 Fannin Street, Suite 130

Houston, TX 77030

Web: <http://www.uth.tmc.edu/intlaffairs>

Permanent Address in Home Country- Home or Apartment # and Street

City State/Province Country Postal Code

Telephone Number: Home Cell Work Fax

E-mail Address

Section III: Immigration Information

Are you currently in the U.S.? ☐ Yes ☐ No

- If yes and you will accept the appointment/academic program, please indicate below how you will seek J-1 status:

☐ I will depart the U.S. and apply for the J-1 visa at a U.S. Embassy or Consulate abroad

☐ I will apply for a change of status to J-1 while remaining in the U.S.

Have you previously been in the U.S. in J-1 or J-2 visa status? ☐ Yes ☐ No

- If yes, please provide legible photocopies of all immigration documents issued to you and your dependents (if applicable) since entry into the U.S. and/or in previous periods of stay in the U.S.
- If yes, please attach to this form a chronological listing of the information below:
 - Previous periods of authorized stay in the U.S. to include the dates while you were on J visa status
 - Program sponsor's name(s) and name(s) of training institution(s)
 - Program(s) begin and end date(s)
 - Date(s) of departure from the U.S.
 - J visa category (e.g. Research Scholar, Student, Trainee, etc.)

Section IV: Financial Information

Please indicate below the amount per month in U.S. dollars that will be available to you during the period of time you anticipate on staying in the U.S. A minimum of \$1,500 is mandatory for each month that you anticipate staying in the U.S. A minimum of \$2,000 per dependent is mandatory for each year that you anticipate staying in the U.S. All sources of financial support, **unless received from The University of Texas Health Science Center at Houston**, must be verified by your bank official. You must provide a letter in English that confirms the amount of funds available to you in U.S. dollars and is signed and dated by a bank official. If your source of financial support will come in the form of a grant from an organization, please submit to OIA the original award letter signed by the granting organization.

Funds will be provided by (check all that apply):

Source of Support	Amount of Support in U.S. Dollars
<input type="checkbox"/> UTHSC-H	\$ _____
<input type="checkbox"/> Organization	\$ _____
Name of Agency: _____	
<input type="checkbox"/> Personal	\$ _____
<input type="checkbox"/> Dependent funds (if applicable)	\$ _____
TOTAL AMOUNT	\$ _____

Section V: Dependent Information

Will you be accompanied by your spouse or unmarried child (under the age of 21) who will seek J-2 status?

☐ Yes ☐ No *If yes, please provide the following information:*

Spouse

_____ LAST/FAMILY NAME	_____ First/Given Name	_____ Middle
_____ Date of Birth (MM/DD/YYYY)	_____ City of Birth	_____ Country of Birth
_____ Country of Citizenship	_____ Country of Legal Permanent Residence	

Child

_____ LAST/FAMILY NAME	_____ First/Given Name	_____ Middle
_____ Date of Birth (MM/DD/YYYY)	_____ City of Birth	_____ Country of Birth
_____ Country of Citizenship	_____ Country of Legal Permanent Residence	<input type="checkbox"/> Son <input type="checkbox"/> Daughter

Child

_____ LAST/FAMILY NAME	_____ First/Given Name	_____ Middle
_____ Date of Birth (MM/DD/YYYY)	_____ City of Birth	_____ Country of Birth
_____ Country of Citizenship	_____ Country of Legal Permanent Residence	<input type="checkbox"/> Son <input type="checkbox"/> Daughter

Section VI: Mailing Instructions

If OIA determines that you are eligible for the Form DS-2019, please provide the information below so that all documents can be sent to you. **Only complete if mailing address is different from permanent address provided in Section II.**

Mailing Address in Home Country: Home or Apartment # and Street

City State/Province Country Postal Code

I certify under penalty of perjury that the above information is true.

Signature: _____ Date: _____