



International Student Services
PO BOX 10263, Beaumont, TX 77710
Telephone: 409/880-8349
Fax: 409/880-8414
Email: intenational@lamar.edu

**REQUEST FOR A CERTIFICATE OF ELIGIBILITY FOR EXCHANGE
VISITOR (J-1) STATUS (Form DS-2019)
Revised: July 2008**

Most non-U.S. citizens applying for admission to the United States need a valid entry visa. Before entering the United States as an exchange visitor, you must obtain a "J-1 Exchange Visitor visa from the nearest U.S. embassy or consulate in your home country. To obtain the visa, Lamar University must first issue you a "Certificate of Eligibility for Exchange Visitor (J-1) Status," commonly referred to as Form DS-2019. ***The exchange visitor is also required to comply with the September 1, 2004 Form I-901 SEVIS Fee regulation.***

Please complete this form and return it with the original application and documents to: International Student Services, Lamar University, PO Box 10078, Beaumont, Texas 77710. A form DS-2019 will be mailed to you, unless our office is notified otherwise.

If applicant has been offered Employment at Lamar University:

What was Human Resources posting period _____ to _____?

When did the HR posting date officially close _____?

Purpose of Request:

- New J-1
- J-1 extension
- J-1 transfer from another institution
- Family DS-2019
- Reinstatement

Exchange Visitor will be:

- Student
- Research Scholar
- Short-term Scholars
- Specialist
- Professor

PART 1 - BIOGRAPHICAL INFORMATION - COMPLETED BY THE J-1 EXCHANGE VISITOR

(Please provide information as it appears in your passport)

Dr. Mr. Mrs. Ms. Email Address: _____

Family Name _____ First Name _____ Middle Name _____

Date of Birth: Month _____ Day _____ Year _____ Gender: Male ___ Female ___

City of Birth: _____ Country of Birth: _____

County of Citizenship: _____ Permanent Residence: _____

Are you currently in the United States? No Yes

If yes, for what dates:

Current Address: _____

You must attach copies of previous DS-2019 forms with this application.

What position do you currently hold in your home country? (Example: University Professor, Student)

PART II – J-1 EDUCATIONAL BACKGROUND (Must submit complete transcripts or marksheets for each degree and degree(s) conferred and must be in English).

Name of University	Country	Dates of Enrolled	Degree

PART II - LAMAR UNIVERSITY - ACADEMIC PROGRAM INFORMATION

Lamar University Supervisor's Name: _____

Tel No: _____ Fax No: _____ Email _____

Duration of stay: ____/____/____ To ____/____/____

Will the financial support be from The National Science Foundation grant **that is specifically designated for an international education exchange visitor?** Yes No

Field of study, research, teaching: _____

Brief description of program: _____

PART III - DOCUMENTATION OF FINANCIAL SUPPORT

Federal regulations require Lamar University to obtain from you a certification that you have adequate financial resources to meet all expenses related to your program. Identify below the sources of funding available to you for the period of your stay. Identify each source of funding and the amount of financial support provided. For funding sources other than this institution (Lamar University if applicable), please provide evidence of support *(must be an original and currently dated)*.

AMOUNT	FUNDING SOURCE

PART IV - DEPENDENT INFORMATION

To be completed only if you wish to bring a spouse or child (dependents) to the United States. If your dependents will be accompanying you, or arrive separately, to the United States, an original financial document must be submitted with your application. ***If your government or other source is your financial guarantee, the document must state if they will be responsible for your dependents inside the US (travel, living expenses, health insurance)***. If no dependents will be coming to the United States, leave blank and skip to Part V.

DEPENDENT 1	
Name: _____ Family Name First Name Middle	Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female Birth Date: Mo ___/Day ___/Yr ___	City of Birth: _____
Country of Birth: _____	Country of Citizenship: _____
Country of Legal Permanent Residence: _____	
Dependent will (check one) _____ Travel with me _____ Travel Separately _____	

DEPENDENT 2	
Name: _____ Family Name First Name Middle	Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female Birth Date: Mo ___/Day ___/Yr ___	City of Birth: _____
Country of Birth: _____	Country of Citizenship: _____
Country of Legal Permanent Residence: _____	
Dependent will (check one) _____ Travel with me _____ Travel Separately _____	

DEPENDENT 3

Name: _____ Relationship Spouse Son Daughter
Family Name First Name Middle
Gender Male Female Birth Date: Mo___/Day___/Yr___ City of Birth: _____
Country of Birth: _____ Country of Citizenship: _____
Country of Legal Permanent Residence: _____
Dependent will (check one) _____ Travel with me _____ Travel Separately _____

DEPENDENT 4

Name: _____ Relationship Spouse Son Daughter
Family Name First Name Middle
Gender Male Female Birth Date: Mo___/Day___/Yr___ City of Birth: _____
Country of Birth: _____ Country of Citizenship: _____
Country of Legal Permanent Residence: _____
Dependent will (check one) _____ Travel with me _____ Travel Separately _____

PART V – Mailing Address *(please provide the address to which the DS-2019 should be mailed below)*

Phone: _____ Fax: _____ Email: _____

FOR LAMAR UNIVERSITY USE ONLY- Do not write below this line

Supervisor's Signature: _____ Date: _____
Department Head's Signature: _____ Date: _____
Department Contact Person: _____ Phone: _____
Email: _____ Date: _____
Department Address: _____
RO Signature: _____ Date: _____ DS 2019 Issued SEVIS Number _____