

BARD COLLEGE

Office of International Student and Scholar Services
30 Campus Rd., Annandale-on-Hudson, NY 12504
Email: oisss@bard.edu



Information for DS 2019 Document Processing

OVERVIEW: Please complete and return this form along with a copy of your passport photo page. The information supplied will be used for the purpose of completing the DS-2019 form required for you to receive a visa at the appropriate U.S. consulate or, in the case of Canadians, at your port of entry into the U.S. This form should be completed by the J-1 Visitor applicant.

Federal regulations pertaining to the maintenance of non-immigrant status allow little room for error; it is imperative that the hosting Department and Program Administrator for International Scholar Services work together to assist Bard J-1 exchange visitors with their responsibility of maintaining their legal status during their stay in the United States. Each section of this application must be completed. An incomplete application will delay the issuance of a DS 2019 form and may prevent a visitor from obtaining the J-1 Exchange visitor visa and participating in the program.

Biographical Information (Please enter information EXACTLY as it appears in your passport)

Family Name: _____ Given Name: _____ Middle Name: _____

Date of Birth: _____ (MONTH/DD/YYYY)
(Please spell out month of birth)

Gender: Female Male

City of Birth: _____ Country of Birth: _____
(As it was known at your time of birth)

Country of Citizenship: _____ Country of Legal Permanent Residence: _____
(As it is known now) (Name of Country)

Occupation in Home Country

Current job title(s) and brief description: _____

Employer in home country (or country of current residence): _____

OR

Student status: Undergraduate Graduate List degrees received (if applicable): _____

Current field of study (describe in a few words): _____

Home Institution of Studies: _____

Permanent Address (Home Country)

Address Line 1: _____ Address Line 2: _____ (apt #)

City: _____ State/Province: _____ Postal Code: _____ Country: _____

Telephone: _____ Email: _____

Mailing Address (If different from the permanent address)

Address Line 1: _____ Address Line 2: _____ (apt #)

City: _____ State/Province: _____ Postal Code: _____ Country: _____

Telephone: _____ Email: _____

Dependent Information

Will you have a spouse or child(ren) that will require a J-2 visa? Yes No

If your answer is **YES**, please provide the following information including copies of birth certificate(s) and/or marriage certificate translated in English. Please note that a separate Form DS-2019 will be issued to each dependent as necessary.

Dependent 1

Family Name: _____ Given Name: _____ Middle Name: _____

Date of Birth: _____ (MONTH/DD/YYYY)

(Please spell out month of birth)

Gender: Female Male

City of Birth: _____ Country of Birth: _____
(As it was known at your time of birth)

Country of Citizenship: _____ Country of Legal Permanent Residence: _____
(As it is known now) (Name of Country)

Dependent 2

Family Name: _____ Given Name: _____ Middle Name: _____

Date of Birth: _____ (MONTH/DD/YYYY)

(Please spell out month of birth)

Gender: Female Male

City of Birth: _____ Country of Birth: _____
(As it was known at your time of birth)

Country of Citizenship: _____ Country of Legal Permanent Residence: _____
(As it is known now) (Name of Country)

Dependent 3

Family Name: _____ Given Name: _____ Middle Name: _____

Date of Birth: _____ (MONTH/DD/YYYY)

(Please spell out month of birth)

Gender: Female Male

City of Birth: _____ Country of Birth: _____
(As it was known at your time of birth)

Country of Citizenship: _____ Country of Legal Permanent Residence: _____
(As it is known now) (Name of Country)

Financial Support Information

J-1 Exchange visitors are required to demonstrate proof of financial support for the duration of the J-1 program participation. Estimated **monthly** living expenses are as follows. Please check box if the expenses are covered:

- J-1 Visitor \$2000
- Spouse \$ 600
- Child \$ 400

Attach an official copy of the departmental appointment or award letter. This letter should specify, the length of sponsorship, monetary compensation to be provided, living expenses, insurance, and dependents. If the appointment/award will not cover all necessary expenses the SCHOLAR may use private-sponsorship or self-sponsorship for the remainder of funding costs. Visitors on a J-1 student (degree/non-degree) category must have substantial funding from a source other than personal or family funding. Please provide funding resources translated in US currency/dollars

All financial documents must be current (not older than 6 months) at the time of application in order to be considered valid. Appropriate documents reflecting financial ability include, but are not limited to the following:

- Bank Statements (stamped or signed by Bank official)
- Account summary or summary of liquid assets
- Affidavit of support (submitted by sponsor and accompanied by financial verification)
- Scholarship letter from sponsoring organization outlining dates and terms of scholarships
- Letter from employer stating earning for period of requested length of visit

Indicate the estimated financial support (in US dollars) being provided:

Bard College	\$ _____	Description: _____
International Organization	\$ _____	Description: _____
Home Government Funding	\$ _____	Description: _____
Private Organization/Employer	\$ _____	Description: _____
Personal Funds	\$ _____	Description: _____

Immigration History

If you are currently in the U.S., what is your current non-immigrant status? _____
(As it appears in passport)

Previous J-1/J-2 Participation Information

Have you ever, prior to this application, been in the United States as a J-1/J-2 Exchange Visitor **YES** **NO**

NOTE: If YES, please fill out the following two fields. If NO, skip to Emergency Contact Information

Status Held

- J-1 Confirm the J-1 Category: Student Short-Term Scholar Professor/Researcher
- J-2

Duration of J-1 or J-2 status participation: **from** ___/___/____ **to** ___/___/____ (MM/DD/YYYY)

Two-Year Home Country Requirement (if applicable)

Have you ever applied for a [waiver of the two-year home residency requirement](#)? **YES** **NO**

If yes, have you received an approval or denial notice from DOS or USCIS **YES** **NO**
DOS (Department of State) | USCIS United States Citizenship & Immigration Services)

Emergency Contact Information

Emergency Contact in the **United States:**

Name: _____ Relationship: _____ Phone: _____
Email address: _____

Emergency Contact in your **Home Country:**

Name: _____ Relationship: _____ Phone: _____
Email address: _____

Please provide the STREET address (NOT post office box) to which completed documents will be sent via FED-EX:

Address Line 1: _____ Address Line 2: _____ (apt #)
City: _____ State/Province: _____ Postal Code: _____ Country: _____
Phone: _____ **(required)**

*I certify that **all** information provided in this document is correct and accurate to the best of my knowledge. Additionally, I hereby authorize Bard College to contact the above mentioned individuals in the case of an emergency, as deemed appropriate by Bard College. I understand that I must notify the Office of International Student and Scholar Services, oisss@bard.edu, to request and update any change to my emergency contact information or any other required information provided on this form.*

X _____ / _____ / _____
J-1 exchange signature Printed Name Date (MM/DD/YYYY)

Any questions regarding the completion of this document can be made to
The Office of International Student and Scholar Services at oisss@bard.edu.



J-1 Exchange Visitor Health Insurance Requirement Guidelines

The United States Department of State (DOS) requires health, accident, repatriation and medical evacuation insurance for participation in the J-1 Exchange Visitor Program. This requirement applies to all J-1 exchange visitors and J-2 dependents **for the duration of the J-1 program** in the United States. J-1 Exchange Visitors and their J-2 dependents must be covered by the required medical insurance **from the start of the J-1 program**. Failure to be covered by such insurance may lead to loss of legal immigration status and termination from the Exchange visitor program.

The DOS per Code of Federal Regulations [22CFR 62.14] requires the following minimum levels of coverage:

- Medical benefits of at least US \$100,000 per accident or illness
- Repatriation of remains in the amount of US \$25,000
- Expenses associated with the medical evacuation of the exchange visitor to their home Country in the amount of US \$50,000
- A deductible not to exceed US \$500 per accident or illness

If you are covered by health insurance in your home country, and the plan will cover you during your stay in the US you must submit copies, written in English, to demonstrate such coverage.

If you will be a benefits-eligible Bard employee, you will need to purchase supplemental insurance to cover repatriation and medical evacuation, which Bard's insurance does not cover. [MEDEX PlusScholastic](#) and [Betins](#) are reputable U.S. companies that offer insurance for these two items very inexpensively.

If you have selected to secure insurance independently, please refer to the information below.

INDEPENDENT INSURANCE COVERAGE
For reasonably low cost insurance, available by the month:

- [ISO](#)
- [CISI](#)
- [MEDEX TravMedChoice](#)
- [Insuremytrip.com](#)

I hereby confirm that I have read the above requirements and I agree to comply with the health insurance requirements. I understand that not complying with the above requirements for the entirety of my J-1 program in the United States is grounds for termination of my J-1 visa and that of any J-2 dependents. I will submit my proof of insurance coverage inclusive of plan details to The Office of International Student and Scholar Services, oiyss@bard.edu, prior to the commencement of my J-1 program start date.

X _____
J-1 Visitor's Signature

_____ Date (MM/DD/YYYY)
Printed Name