

J-1 VISA INFORMATION FOR NEW VISITORS & REAPPOINTMENTS

Office of the General Counsel

Phone: 631-6411; Fax: 631-8233

Please type or print clearly (in English) the following information. Failure to complete all applicable sections will result in a delay in receiving the DS-2019 form.

Last Name:	First Name:	Middle Name:	Gender: Male/Female:
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Home Address:

Business Address:

Date of Birth (Month/Day/Year):	City & Country of Birth:	Country of Citizenship:	Country of Legal Permanent Residence:
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Present position held in your country, and your field of study:

If you are bringing family members with you, please complete the following information for each person:

Last Name	First Name	Middle Name	Spouse/ Child	Date of Birth (mo./day/year)	City & Country of Birth	Country of Citizenship	Country of Legal Permanent Res.

Current US Address (for J-1 extensions):

This question is applicable only for persons who will be here for more than 6 months: Have you been in the United States on a J-1 visa any time within the last 12 months? If so, please provide copies of all previous IAP-66 and/or DS-2019 forms.

Dates you plan to enter and leave the United States:	Exact dates you will be working at Notre Dame:	If attending a conference, exact dates of the conference:
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What department will you be visiting at Notre Dame:	Purpose of visit to Notre Dame (teach, research, lecture, conference participant):
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Dollar amount of salary or honorarium:	<p>If no salary or honorarium, amount of financial support and from what source (amounts available for the time you will be at Notre Dame):</p> <p>Personal Funds: \$ _____ Notre Dame Department Provided Expenses: \$ _____</p> <p>Exchange Visitor's Institution/Company: \$ _____ Name of Institution/Company: _____</p> <p>Exchange Visitor's Government Agency: \$ _____ Name of Government Agency: _____</p> <p>All other organizations Providing Support: \$ _____ Name of Organization(s): _____</p>
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Department Chair: When you send this form to the General Counsel's Office to have the Form DS-2019 completed, please be certain **all** information is complete. The General Counsel's Office is not responsible for sending Federal Express or UPS packages. Please check the appropriate box below designating whether you want the completed Form DS-2019 mailed to you by campus mail or if you want to be called for pick-up.

- Send campus mail Contact name: _____ Campus Address: _____
 Call for pick-up Contact name: _____ Phone: _____