

**Office of International Programs**

2700 Evergreen Pkwy NW, LIB 2153, Olympia, WA 98505

Tel: 360-867-6421 Fax: 360-867-5343

**Exchange Visitor Application to Obtain Form DS-2019**

**Instructions**: Please complete the application, answering every question. If a question does not relate to you, write NA (not applicable) in that space. Please write very clearly. After completing this form, please return it via scan/email [clifthom@evergreen.edu](mailto:clifthom@evergreen.edu), or fax to 360-867-5343.

1. Family name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. First name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Middle name, if any: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Suffix, if any: (I II III Jr. Sr. etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Name on Passport: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Birthdate: \_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_

Month Day Year

1. Gender: \_\_\_Female \_\_\_Male
2. City of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Country of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Country of Citizenship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Country of Permanent Residence:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Mailing Address:

Address Line 1:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address Line 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Country \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State/Province/Prefecture:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postal Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Mobile phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

15. Select the correct description for you:

\_\_\_Undergraduate Student

\_\_\_Graduate Student

\_\_\_Student Intern

\_\_\_Research Scholar

\_\_\_Professor

16. What do you plan to do here?

\_\_\_ Study

\_\_\_ Assist a professor through Internship

\_\_\_ Conduct research

\_\_\_ Teach classes

16. Start and End Dates

* Dates are pre-determined for Students according to Evergreen’s Academic Calendar.
* Professors, Research Scholars, and Interns arrange dates with sponsoring departments.
* Regulations allow you to enter the US 30 days before your start date (to get settled)

and remain in the US 30 days after your end date ( to close out).

**Students**:

Start date: September 15, 2017

End date: June 15, 2019

**Professors/Research Scholars/Interns:**

Start \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

Month Day Year

End \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

Month Day Year

17. Passport Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

18. Expires on: \_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_

Month Day Year

19. Please send a copy of your passport along with this form, if available.

21. Have you been in the US on a J-1 Visa before? \_\_\_yes \_\_\_no

If yes,

Where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

End? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

22. Do any immediate family members plan to come to the U.S. with you? This refers only to a marriage

partner, such as husband or wife, or children, or legal dependents. \_\_\_yes \_\_\_no

If yes, provide the following information for EACH person:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Spouse | Child 1 | Child 2 | Child 3 | Other Dependent? |
| Family Name |  |  |  |  |  |
| First Name |  |  |  |  |  |
| Middle Name |  |  |  |  |  |
| Month/Day/Year of Birth |  |  |  |  |  |
| City and Country of Birth |  |  |  |  |  |
| Relationship to You |  |  |  |  |  |
| Country of Citizenship |  |  |  |  |  |
| Arriving With You? |  |  |  |  |  |
| Arriving Separately? |  |  |  |  |  |
| Dates of Arrival? |  |  |  |  |  |

23. Person to contact in case of emergency:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to You: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What languages do they speak? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

24. Health Insurance

U.S. law requires J-1 Exchange Visitors and their J-2 dependents to have sickness and accident insurance for the duration of the J-1’s program. Minimum coverage must provide medical benefits ($100,000), a low deductible per accident or illness ($500 maximum per claim), expenses associated with medical evacuation to the home country ($50,000), and repatriation of remains ($25,000).

**Students:** J-1 students are automatically enrolled in an Evergreen State College insurance plan provided by **Lewermark Insurance**. Student accounts are automatically billed each quarter. Under limited circumstances, waivers are possible.

*I understand that I am required to have insurance for the duration of my stay in the U.S. that meets the J-1 Exchange Visitor minimum requirements. Failure to have insurance is a violation of the Exchange Visitor regulations and may lead to termination of my J-1 visa status.*

***Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

25. Declaration and Certification of Finances

U.S. law requires J-1 Exchange Visitors and their J-2 dependents to describe their **sources of funding** for their time in the U.S., and **provide financial documentation** for each item. Students must use the academic quarter costs below as a guide. If J-2 dependents also come, living expenses will need to be adjusted at a rate of $1200 per month for a spouse, and $600 per month for each dependent.

|  |  |  |  |
| --- | --- | --- | --- |
| **2017-2018 Cost of Attendance** |  |  |  |
| Quarters | 1 (3 months) | 2 (6 months) | 3 (9 months) |
|  |  |  |  |
| Tuition | $7,379 | $14,758 | $22,137 |
| Fees | $243 | $486 | $729 |
| Books & Supplies | $350 | $700 | $1050 |
| Room & Board | $3,120 | $6,240 | $9,360 |
| Transportation | $375 | $750 | $1,125 |
| Lewermark Insurance | $350 | $700 | $1,050 |
| Personal Expenses | $350 | $700 | $1,050 |
|  |  |  |  |
| **Total** | **$12,167** | **$24,334** | **$36,501** |
|  |  |  |  |
| If bringing a Spouse, add $1200 per month. |  |  |  |
| For each child/dependent, add $600 per month |  |  |  |
|  |  |  |  |
| Total | $12,167 | $24,334 | $36,501 |
|  |  |  |  |
| **Your total need:** | **$0** | **$0** | **$36,501** |
| Subtract Evergreen waiver/funding support: | $0 | $0 | $22,137 |
| **Your financial responsibility is:** | **$0** | **$0** | **$14,364** |
|  |  |  |  |
| **Sources of funding** |  |  |  |
| Personal/family funds |  |  |  |
| Home university funds: |  |  |  |
| Home government funds: |  |  |  |
| Agency name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| U.S. government or grant funds: |  |  |  |
| Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| Other funds: |  |  |  |
| Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| **Total Proof of Financial Responsibility** | **$0** | **$0** | **$0** |

*I understand that I must send original financial documentation for each Source of Funding item listed above to the International Programs Office address below, except for any Evergreen waiver or funds information. I may send electronic pdf’s of these items temporarily, but I understand that Evergreen cannot issue my DS-2019 to apply for my J-1 visa until original documents have been received.*

***Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

Typical financial documentation may include:

Bank statements in your or your parents’ name

Scholarships award letters

Government or university grant letters

Employer verification of income letters

1. **Send original bank or financial documents to:**

**Michael Clifthorne**

Assistant Director

International Programs and Services, Library 2153

The Evergreen State College

2700 Evergreen Parkway NW

Olympia, WA 98505

USA

Telephone: 360-867-6421

1. **Scan/email/fax/mail this form to:**

Fax: 360-867-5343

Email: [clifthom@evergreen.edu](mailto:clifthom@evergreen.edu)