

Visa & Immigration Services Administration
P.O. Box 301402, Unit 1433
Houston, TX 77230-1402
Email: visa@mdanderson.org

J-1 Biodata Form

PLEASE PRINT OR TYPE

To determine the eligibility of the issuance of Form DS-2019, Certificate of Eligibility for Exchange Visitor Status, please complete this form, sign, date and return to the Visa & Immigration Services Administration (VISA) department with the required supporting documents and evidence of financial ability to support your stay in the U.S. All supporting documentation must be in English and all copies must be legible. If documentation received is not in English or legible, this will prevent issuance of the Form DS-2019.

Upon receipt of this completed form with required supporting documentation; copy of appointment letter or acceptance letter with appropriate administrative approval; and, evidence of sufficient funding for period of the requested DS-2019, the VISA staff will review all the information provided to determine the eligibility for issuing Form DS-2019.

NOTE: The issuance of Form DS-2019 does not guarantee the J visa or status will be granted by the U.S. Government. The ultimate decision to grant the J visa is the U.S. Department of State and the decision to grant J status is the U.S. Department of Homeland Security.

PERSONAL DATA

Last/ Family Name

First/Given Name

Middle Name

Date of Birth: MM/DD/YYYY

Male or Female

City of Birth

Country of Birth

Country of Citizenship

Country of Legal Permanent Residence

E-mail Address

Last Position in Country of Legal Permanent Residency

Name of Institution/Employer

U.S. IMMIGRATION DATA

PASSPORT DATA

Do you have a valid passport? Yes or No

If you answered "Yes", a legible photocopy of biographic page of passport must be provided.

CURRENTLY IN THE U.S. DATA

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

If yes, Current Immigration Status: _____

If yes, what is your current I-94 number: _____

If you answered "Yes" to any of the above questions, you must attach (to this form) legible photocopies (front and back) of all immigration documents issued (passport biographical information; passport number; passport issuance and expiration date; and U.S. visa pages (if applicable). In addition legible photocopies of Form I-94, DS-2019, I-20, EAD, I-797) for you and your J-2 dependents (if applicable) must be provided.

'J' EXCHANGE VISITOR DATA

Have you **ever been** in the U.S. under a J-1 or J-2 visa status? Yes or No

If **yes**, attach (to this form) a chronological listing of previous Exchange Visitor training including beginning date, departure date, status (e.g. Researcher, Student, Trainee, etc.), program sponsor(s), and name(s) of training institution(s) or legible photocopies of all Form(s) IAP-66 and/or DS-2019 issued at anytime to you and/or your dependents.

FINANCIAL SUPPORT DATA

Please indicate the amount per month in U.S. dollars that will be available to you for the period of anticipated stay in the U.S. J Exchange visitors are required to show financial resources at a minimum of \$1,500 per month and a minimum of \$2,000 per year per J-2 dependent is mandatory (if applicable). Evidence of any funding that will not be provided by The University of Texas M.D. Anderson Cancer Center must be documented in written form (e.g. bank statements; letters of financial awards, etc). All financial certifications must be original; provided in English or accompanied by a certified English translation; and, must be provided in U.S. dollars or U.S. equivalency.

Source:

Amount (per month):

- a. UT M.D. Anderson Cancer Center \$ _____
- b. U.S. Gov't Agency(ies) _____ \$ _____

Agency Name
- c. Exchange Visitor's Gov't _____ \$ _____

Organization Name
- d. Other Organization(s) _____ \$ _____

Organization Name
- e. Personal Funds _____ \$ _____

DEPENDENT(S) DATA

Will your dependents family members need J-2 status? Yes or No

If yes, complete the dependent information for each dependent who will accompany you in J-2 status. **It is critical that you provide accurate information regarding your dependents as inaccurate information could be grounds to deny the J-2 visa. If your J-2 dependents have a passport, please provide a legible photocopy of all J-2 dependents. Name and date of birth must be identical to the name and date of birth indicated in the passport.**

Spouse

_____	_____	_____
Last/Family Name	First/Given Name	Middle Name
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth: Month, Day, Year		
_____	_____	
City of Birth	Country of Birth	
_____	_____	
Country of Citizenship	Country of Permanent Residence	

Child

_____	_____	_____
Last/Family Name	First/Given Name	Middle Name
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth: Month, Day, Year		
_____	_____	
City of Birth	Country of Birth	
_____	_____	
Country of Citizenship	Country of Permanent Residence	

Child

_____	_____	_____
Last/Family Name	First/Given Name	Middle Name
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth: Month, Day, Year		
_____	_____	
City of Birth	Country of Birth	
_____	_____	
Country of Citizenship	Country of Permanent Residence	

Child

_____	_____	_____
Last/Family Name	First/Given Name	Middle Name
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth: Month, Day, Year		
_____	_____	
City of Birth	Country of Birth	
_____	_____	
Country of Citizenship	Country of Permanent Residence	

I certify that the above information has been completed by me and is accurate to the best of my knowledge. Further, I understand that if I am granted J-1 status, I will be required to maintain an acceptable health insurance coverage during the period of the J status for myself and any J-2 dependents who accompany me to the U.S., and I agree to purchase this insurance coverage to be effective upon beginning my appointment and for the duration of my stay while on The University of Texas M.D. Anderson Cancer Center J-1 Exchange Visitor Program. I also understand that failure to maintain the required insurance would be grounds for termination of J sponsorship.

Signature of Applicant

Date

Health Insurance Minimum Requirements

Exchange visitors are required by U.S. Immigration regulations to maintain adequate health and accident insurance for themselves and any accompanying J-2 spouse and/or dependent(s). The minimum insurance coverage requirements are:

\$50,000	Major Medical Coverage per person
\$7,500	Repatriation of Remains per person
\$10,000	Medical Evacuation per person

You may be able to find travel insurance in your home country which will meet the above requirements. If not please review these web-links for medical insurance plans offered: www.internationalplans.com, www.internationalsos.com, www.travelinsure.com .

RETURN THIS FORM TO: Visa and Immigration Services Administration, P.O. Box 301402, Unit 1433, Houston, TX 77230-1402; Email: visa@mdanderson.org; Phone: (713) 792-1112; Fax: (713) 792-6229.