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|  | **DS-2019 Form Request (Student)** |
| **Exchange Visitor Personal Information** | |

The following information is required in order to prepare the form DS-2019 to support your application for a J-1 visa.

**Instructions:** Complete the following form and return with supporting documentation to Stephanie Brown or Arezou Kashani in the International Student & Faculty Office at sbrown11@niu.edu or akashani@niu.edu.

**Supporting documents required:** Photocopy of the identification page of your passport & financial documentation

**Academic Level:**

Full-time degree seeking students *(Please check one of the boxes below)*:

 Bachelors Masters  Doctorate Field of Study at NIU: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Others *(Please check one of the boxes below)*:

 Student at Large Student Non-Degree

First semester at NIU *(Please check one of the boxes below)*:

 Fall Spring  Summer Year: \_\_\_\_\_\_\_\_\_\_\_

**Basic Personal Information**

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

**LAST (Family) FIRST (Given) MIDDLE (full**)

**Home Country Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Birth:** \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ \_\_\_ **Gender:**  Male  Female

(MONTH) (DAY) (YEAR)

**City of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Country of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Country of Citizenship:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Country of lawful permanent residence:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current Position:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Examples: Undergraduate Student (Bachelor), Graduate Student (Master/Doctoral), Other/Professor, Researcher, etc…)

**Prior J-1 Program Involvement**

Please list participation date in any J-1 program in the last **two years** and your capacity, such as professor, research scholar, short-term scholar, student, or etc…..

**From:** \_\_\_ \_\_\_ /\_\_\_ \_\_\_ /\_\_\_ \_\_\_ \_\_\_ \_\_\_ **To:** \_\_\_ \_\_\_ / \_\_\_ \_\_\_ /\_\_\_ \_\_\_ \_\_\_ \_\_\_ **As:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (MONTH) (DAY) (YEAR) (MONTH) (DAY) (YEAR) (Ex: Student, Professor, etc…)

**From:** \_\_\_ \_\_\_ /\_\_\_ \_\_\_ /\_\_\_ \_\_\_ \_\_\_ \_\_\_ **To:** \_\_\_ \_\_\_ / \_\_\_ \_\_\_ /\_\_\_ \_\_\_ \_\_\_ \_\_\_ **As:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (MONTH) (DAY) (YEAR) (MONTH) (DAY) (YEAR) (Ex: Student, Professor, etc…)

**Financial Statement**

Please indicate where your financial support will be coming from. **Supporting Documentation:** Provide a **written statement** from each organization providing support, stating the **amount to be paid.** If you are using **personal funds**, please provide a **letter from your bank** showing that amount you plan to provide.

\*Check all that apply and list amounts in U.S. dollars.

 Northern Illinois University: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ US$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 U.S. Government Agencie(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ US$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ US$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 International Organization(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ US$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ US$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Exchange Visitor’s Government \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ US$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Personal Funds: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ US$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ US$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ US$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dependent Information**

If any dependents will accompany you to the United States, please provide the information below for each one as well as a photocopy of the identification page of the passport for each dependent.

**\*Dependent’s Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LAST (Family) FIRST (Given) MIDDLE (full**)

**Relationship:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Birth:** \_\_\_ \_\_\_ /\_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ \_\_\_ **Gender:**  Male  Female

(MONTH) (DAY) (YEAR)

**City of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Country of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Country of Citizenship:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Country of lawful permanent residence:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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**\*Dependent’s Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LAST (Family) FIRST (Given) MIDDLE (full**)

**Relationship:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Birth:** \_\_\_ \_\_\_ /\_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ \_\_\_ **Gender:**  Male  Female

(MONTH) (DAY) (YEAR)

**City of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Country of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Country of Citizenship:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Country of lawful permanent residence:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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