



A form DS-2019, Certificate of Eligibility for Exchange Visitor Status, is required for a J-1 visa. Please complete this form and return it to the Responsible Officer at the Office of Admissions.

Name: first middle last/family Birthdate: month/day/year
Passport Name: first middle last/family Email: Phone Number:
Place of Birth: City country Gender: Male Female

Country of Citizenship: Country of Legal Permanent Residence:
Permanent Address: Mailing Address for DS-2019:

Position in home country (graduate student, professor, etc.):
Estimated date of arrival in US: month/day/year Estimated date of departure from US: month/day/year

Field of Research:
Describe proposed research:

Immediate family members who will accompany you:

Name: first middle last/family Birthdate: month/day/year
Passport Name: first middle last/family Email: Relationship: Spouse Child
Place of Birth: City country Gender: Male Female

Name: first middle last/family Birthdate: month/day/year
Passport Name: first middle last/family Email: (optional) Relationship: Spouse Child
Place of Birth: City country Gender: Male Female

Name: first middle last/family Birthdate: month/day/year
Passport Name: first middle last/family Email: (optional) Relationship: Spouse Child
Place of Birth: City country Gender: Male Female

**REQUIREMENTS TO SUBMIT TOGETHER WITH THIS FORM:**

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**I. Insurance** – You are required to have medical insurance in effect for yourself and any dependents for the duration of your program. Willful failure on your part to maintain the required insurance throughout your stay in the United States will result in the termination of your exchange program. Listed below are the minimum requirements:

- (1) medical benefits of at least \$100,000 per person per accident or illness
- (2) repatriation of remains in the amount of \$25,000
- (3) expenses associated with medical evacuation in the amount of \$50,000
- (4) does not have a deductible that exceeds \$500 per accident or illness

**II. Financial Requirements:**

In order to have a DS-2019 issued for you, you must show sufficient financial support as follows:

Living Expenses <b>per month of stay</b>	\$ 1,600	X	number of months	=	\$ _____
Dependent Spouse <b>per month of stay</b>	\$ 333	X	number of months	=	\$ _____
Dependent Child <b>per month of stay</b>	\$ 188	X	number of months	=	\$ _____
<b>TOTAL REQUIRED:</b>					\$ _____

**III. Financial Support Sources**

Please enter the source and amount of your financial support during your stay, preferably in U.S. dollars (\$). For each source entered below, you must provide original documents verifying the amount. The Total amount must be *equal to or more* than the Total required. Please print all entries.

Source	Amount (USD)
<b>Personal Savings:</b> (please enter Bank Name(s))	
_____	
_____	
<b>Employer Name:</b>	
_____	
<b>Government/Private Scholarships:</b> (please enter name below)	
_____	
_____	
<b>Total Amount from all sources:</b>	_____

Please attach and return the original financial documents with this form to the Responsible Officer ([naraujo@cst.edu](mailto:naraujo@cst.edu)).

**IV. English Language Proficiency**

Participants must possess sufficient proficiency in the English language to participate in their programs. [22 CFR 62.10(a)(2)]