J-1 VISA INFORMATION FOR NEW VISITORS & REAPPOINTMENTS

General Counsel Office ◆ **Phone: 631-6411; Fax: 631-7303**

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. Please provide a copy of passport(s).

Last Name (as listed on passport):	First Name (as listed on passport):	Middle Name (as listed on passport):	Gender M/F:
Home Address:			
Business Address:			
Date of Birth (M/D/Y):	City & Country of Birth:	Country of Citizenship:	Country of Legal Permanent Res.:
Last position held in your country: Indicate title or activity. Include name of Company or Institution:			
Above employer is/was: ☐ Educational Institution, ☐ Private Business, ☐ Central Government, ☐ State Government			
If visitor is currently a student, please indicate: ☐ Graduate ☐ Undergraduate			
The visitor has completed or has the equivalent of: ☐ PhD, ☐ Masters, ☐ Bachelors, ☐ None, ☐ Other - please indicate:			

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

Last Name (as listed on passport)	First Name (as listed on passport)	Middle Name (as listed on passport)	Spouse/Son/ Daughter	Date of Birth (mo/day/year)	City & Country of Birth	Country of Citizenship	Country of Legal Permanent Res.

Current U.S. Address (for J-1 extensions):				
Have you been in the United States on a J-1 Visa any time within the past 24 months? If so, please provide copies of all previous IAP-66 and/or DS-2019 forms:				
Dates you plan to enter and leave the U.S.:	Exact dates you will be working at Notre Dame:	If attending a conference, exact dates of the conference:	Department Visiting at ND:	Purpose of Visit (teach, research, lecture, etc.)

Dollar amount of salary or honorarium:	If no salary or honorarium, amount of financial support and from what source (amounts available for the time you will be at Notre Dame):	
	Personal Funds: $	Notre Dame Dept. Provided Expenses: $
	Exchange Visitor's Institution/Company: $	Name of Institution/Company:
	Exchange Visitor's Government Agency: $	Name of Government Agency:
	All other Organizations Providing Support: $	Name of Organization(s):

Department Chair: Please be certain **all** information is complete and a copy of all passports attached. The General Counsel Office and Office of Research are not responsible for sending Federal Express or UPS packages. Please check the appropriate box below designating whether you want the completed Form DS-2019 sent to you by campus mail or if you want to be called for pick-up.

☐ Send Campus Mail ☐ Call for pick-up. Contact Name: _____

Campus Address: _____ Phone: _____