J-1 Scholar Biographical Information Form

Office of International Affairs University of California, Merced 5200 North Lake Road, Merced, CA 95343 Phone: 209-228-4722 Website: international.ucmerced.edu



BIOGRAPHICAL INFORMATION

Family (Last) Name	
Given (First) Name	
Date of Birth (Month/Day/Year)	
Sex	Male
	Female
City, Country of Birth	
ry of Legal Permanent Residence	
Country of Citizenship	
Permanent Address	

E-mail

Last position held in Home Country (e.g. graduate student, teaching staff)

US VISA HISTORY

Count

If you are currently in the U.S., please indicate your visa status (answer "N/A" if not in the U.S.).

If currently in the U.S. , will you leave the country before your program?

In the last 24 months, have you been in the U.S. in J-1 or J-2 status?

Yes, I will leave the U.S. before my J-1 program begins. No, I will not leave the U.S. before my J-1 program begins. Yes (please include all previous DS-2019's) No

If you have previously been in J status, have you ever applied for a waiver of the <u>212(e) 2-year Home Country Residency</u> <u>Requirement</u> ?	Yes No	
INFORMATION ABOUT J-1 PROGRAM AT UC MERCED		
Position Title	Postdoctoral Scholar Researcher Professor Other	
Subject Area UC Merced Faculty Supervisor Have you ever worked or studied at UC Merced before?	Yes, I was a student at UC Merced Yes, I was employed by UC Merced No	

FINANCIAL SUPPORT INFORMATION

Funding minimums (per month of program): \$1,600 for primary J-1 Exchange Visitor; \$500 for a J-2 dependent spouse; \$300 for each dependent child

Please list all funding sources (names of agencies, individuals, etc.) and the **total** amount of funding to be provided.

UC Merced total funding amount

Home Government source

Home Government total amount

U.S. Government source

U.S. Government total amount

Other source

Other total amount

Personal funds source

Personal funds total amount*

* IMPORTANT: For Undergraduate Researchers/ Non-degree students, more than 51% of the total funding must come from any source other than personal or family funds.

HEALTH INSURANCE REQUIREMENT

The United States Department of State requires that anyone in J status (J-1 or J-2) must obtain adequate health insurance. For detailed information about these requirements, please visit: http://iss.ucmerced.edu/professors-researchers/j-1/health-insurance

I have read the requirements and agree to maintain adequate health insurance for the length of my J program at UC Merced for myself and any J-2 dependents.

FOR UNDERGRADUATE RESEARCHERS (Those who have not yet obtained a bachelor's degree or its equivalent)

By submitting this form, you are confirming that you are in good academic standing at your home institution and that the full-time prescribed course of study or research planned at UC Merced will count towards the fulfillment of your degree requirements in your home institution.

I confirm that my current academic status and planned activities at UC Merced meet the above criteria

FORM SUBMISSION & SUPPORTING DOCUMENTS

By submitting this form, you are confirming that all information submitted (in form responses and supporting documents) is true and correct to the best of your knowledge.

If you would like to request a DS-2019 for a dependent spouse or child(ren), please complete the Dependent Information Form.

Please submit the following documents with this form:

Copy of current passport Copy of all previous DS-2019s Current Curriculum Vitae (C.V.), listing highest degree earned and date conferred Proof of funding (if not receiving full funding from UC Merced) J-2 dependent biographical information page and supporting documents (if necessary) Last I-94 record (for extensions/transfers/Change of Status)*

* I-94 information can be retrieved here: <u>https://i94.cbp.dhs.gov/I94/request.html</u>

Incomplete requests will result in processing delays and/or denials.