

W&M Scholar Information Form

Part A: Biographical Information

1. Name (***Name must appear exactly as it is written in the passport***)

(Family/Last Name) (First/Given Name) (Middle Name)

2. Date of Birth: _____ 3. Gender: Male Female
(Month) (Day) (Year)

4. Place of Birth: _____ / _____ / _____
(city) (province or state) (country)

5. Country of Citizenship: _____ 6. Country of Permanent Residence: _____

7. Passport Number: _____ 8. Country that issued your passport: _____

9. Passport issue date: _____ 10. Passport Expiry Date: _____
(Month) (Day) (Year) (Month) (Day) (Year)

11. U.S. Social Security Number (*if you have one; otherwise leave blank*): _____ - _____ - _____

12. Higher education/degrees earned

Title of degree (e.g. Ph.D) Field (e.g. Biology) Institution Date awarded or expected

Title of degree (e.g. Ph.D) Field (e.g. Biology) Institution Date awarded

13. Current Occupation (Job Title) Undergraduate Student Graduate Student
Professor Researcher
Other (Specify) _____

Name of institution or employer: _____

Part B: Information on this stay and previous stays in the US

14. Will you be working at or visiting another institution on business during your time in the US? Yes No

Institution: _____ From: _____ To: _____
Mo Day Year Mo Day Year

Address: _____

15. Are you currently in the US? Yes No

If "Yes",
a. What visa status are you currently in? _____ When does your status expire? _____
Mo Day Year

b. Do you plan to travel out of the U.S. prior to coming to W&M? Yes No

i. If yes, what is your expected departure date: _____
Mo Day Year

16. Have you ever been in the U.S. on a J-1 or J-2 Visa? Yes No

If "Yes", enter beginning and ending dates _____ and DS-2019 category:

Research Scholar/Professor Short term Scholar Student Specialist Other (e.g. Au Pair, Intern)

17. Have you ever been in the US on an H-1B or H-4 Visa? Yes No

If "Yes", enter beginning and ending dates _____

18. Please indicate any other stays in the US in the last 5 years (approximate dates and visa status):

19. Did you apply for, or are you in the process of, obtaining US permanent residency (greencard)? Yes No

If "Yes", please indicate the status of your application (check the appropriate option):

Labor Certification is pending I-130/I-140 is pending or approved I-485 is pending

Part C: Address and Mailing Information

Foreign home address

_____ street address

_____ city state/province country postal code

US address (if applicable)

_____ street address

_____ city state/province country postal code

Mailing address

(if different from
US or foreign address)

_____ street address

_____ city state/province country postal code

Telephone: _____ **E-mail:** _____

Part D: Insurance and Funding Information (Part D is only for those being sponsored for **J-1 status**; if you are being sponsored for H1B, TN, E-3 or O-1 status, skip Part D and go to Part E)

Health insurance for J-1 and J-2 status: Per federal regulations, during your stay in the US, you and any J-2 dependent family members must have health insurance coverage that meets minimum federal requirements: \$100,000 per accident or illness, \$25,000 for expatriation of remains, \$50,000 for medical evacuation, a deductible of not more than \$500.

By signing the DS-2019 form and entering the US on a J-1 visa, you agree to abide by these requirements. For information on insurance options see <http://www.wm.edu/offices/revescenter/issp/life/insurance/scholar/index.php>

I have qualifying insurance or will purchase my own insurance prior to arrival in the US.

I will be employed by W&M and thus covered by the W&M health insurance plan.*

*Note: The W&M Employee Health insurance Plan does not cover medical evacuation and repatriation so you will need to purchase that coverage separately. It costs approximately \$60 per year.

Funding Information for J-1 status

- You must show \$1700 per month of stay. If you will have dependents with you, \$450 per month for each dependent.
- Attach proof of **ALL** funding sources to be included on the DS-2019; scanned copies are fine
- Documentation for W&M funding may be included in the departmental letter of invitation/contract.
- For personal funds, a recent personal bank statement or employer letter will suffice.

Please list your funding sources:

Amount in US Dollars

W&M (includes grants from external sources) \$ _____

Personal Funds \$ _____

U.S. Government (Name of agency): _____ \$ _____

Foreign Government (Name of agency): _____ \$ _____

Organizations (Name of agency): _____ \$ _____

Note: Funding from a government or international organization may trigger the 2 year home residency requirement especially if that funding was granted for purpose of international exchange. For information on this requirement go to <http://www.wm.edu/offices/revescenter/issp/visasandimmigration/j1student/residency/index.php>

Part E: Dependents (if you have no dependents, skip Part E;)

If dependent family members will come with you, please provide the following information for each. Please note that per US immigration law, only your spouse, or unmarried children (under age 21) qualify for dependent status.

NOTE: Name must appear exactly as it is written in the passport

1. **Name:** _____
(Family/Last Name) (First/Given Name) (Middle Name)
Birthdate: _____ Gender: Male Female Relationship: Spouse Child
(Month) (Day) (Year)
City of Birth: _____ Country of Birth: _____
Country of Citizenship: _____ Country of Permanent Residence: _____
Email: _____

2. **Name:** _____
(Family/Last Name) (First/Given Name) (Middle Name)
Birthdate: _____ Gender: Male Female Relationship: Spouse Child
(Month) (Day) (Year)
City of Birth: _____ Country of Birth: _____
Country of Citizenship: _____ Country of Permanent Residence: _____
U.S. Social Security Number (if you have one; otherwise leave blank): _____ - _____ - _____
If currently in the US: Current visa status: _____ Visa status expiration date: _____
(Month) (Day) (Year)

3. **Name:** _____
(Family/Last Name) (First/Given Name) (Middle Name)
Birthdate: _____ Gender: Male Female Relationship: Spouse Child
(Month) (Day) (Year)
City of Birth: _____ Country of Birth: _____
Country of Citizenship: _____ Country of Permanent Residence: _____
U.S. Social Security Number (if you have one; otherwise leave blank): _____ - _____ - _____
If currently in the US: Current visa status: _____ Visa status expiration date: _____
(Month) (Day) (Year)

Part F: Mailing instructions (email or hard copies are ok) **and Questions:**

Steve Sechrist, College of W&M – Reves Center, PO Box 8795, Williamsburg, VA 23187-8795
Email: sjsech@wm.edu Tel. 757 221 3437

Note: If you complete this form on a Mac, please print it and scan or mail it.