

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER EL PASO  
APPLICATION FOR EXCHANGE VISITOR VISA (J-1)

**Application for issuance of a DS2019 should be submitted at least two months in advance. Processing of last minute applications cannot be guaranteed.**

**Important Notes:**

**If the exchange visitor does not become a benefits eligible HSC employee, the visitor must provide his/her own health and life insurance and that of his/her dependents. All exchange visitors and their dependents must also carry \$7,500 repatriation of remains and \$10,000 medical evacuation insurance. Proof of insurance coverage must be presented upon arrival.**

**If the exchange visitor is a physician by occupation, a “Five Point Letter” signed by the responsible dean must accompany this application, along with attachments contained in HSC OP 70.28.**

In order to issue the DS2019 and submit to the Department of State Exchange Authentication System, the following information is required. This information must match the Scholar’s passport.

<b>SCHOLAR INFORMATION</b>			
Surname (as in passport)	Given Name	Middle	Suffix

Passport Expiration (mm/dd/year)

Mailing Address of Scholar	Home telephone No.	
Scholar’s E-Mail		
		Work telephone No.

Male	Female	Birth Date

City of Birth	Country of Birth	Country of Legal Residence

Country of Citizenship	Exchange Visitor’s Employment Position in His/Her Country of Legal Residence. If the scholar was or is a student in the home country, please indicate “undergraduate or graduate student” here:
	Occupation: <span style="float: right;">Employer (if applicable):</span>

**ACADEMIC INFORMATION**Highest Degree Earned:  Bachelors  Masters  Ph.D.

Degree Field:

Degree Institution:

Date Completed (mm/dd/year):

Does the scholar have a medical degree (M.D.)?  Yes  No**J-1 STATUS HISTORY**In the past two years, has the scholar been in any category of J-1 status (student, scholar or other)?  Yes  NoHas the scholar ever applied for a waiver of the two year home residency requirement?  Yes  No

If the scholar is currently in the U.S., what is his/her date of arrival? (mm/dd/year)

If the scholar is NOT in the U.S., what is the expected arrival date? (mm/dd/year)

Periods of stay in the U.S. in the past two years (use mm/dd/year numbers)

From: To: Immigration Status:

From: To: Immigration Status:

From: To: Immigration Status:

**TTUHSC PROGRAM INFORMATION**

TTUHSC Appointment Title (Visiting Scholar, Postdoctoral Scholar, Visiting Professor, Specialist, Lecturer, Visiting Researcher).

Purpose of Program:

 Research Teach/Lecture Other

TTUHSC Host Department:

Departmental Telephone #:

Email of Department Head:

Dept. Account #:

Campus Location:  
(Dept., Division, School)

Appointment Begin Date:

Appointment End Date:

Appointment Begin Date:

Appointment End Date:

J-1 Category Requested:

 Short-term Scholar Professor Researcher Specialist

**TTUHSC PROGRAM DESCRIPTION:**

Describe, in detail, the scholar's topic of research or teaching subject while at TTUHSC:

FUNDING INFO:			NOTE
<p>Sources of Funding</p> <p>___ TTUHSC salary:</p> <p>___ Grant to TTUHSC:</p> <p>___ TTUHSC Honorarium or Endowment</p> <p>OR</p> <p>___ US Govt. Agency Pays Scholar Directly</p> <p>___ International Org. Pays Scholar Directly</p> <p>___ Scholar's Central Home Govt. Pays Scholar Directly</p> <p>OR</p> <p>___ Other Source of Funding</p> <p>OR</p> <p>___ Scholar's Own Personal Funds</p>	<p>Funding \$</p> <p>US\$ _____</p> <p>US\$ _____</p> <p>US\$ _____</p> <p>US\$ _____</p> <p>US\$ _____</p> <p>US\$ _____</p> <p>US\$ _____</p> <p>US\$ _____</p>	<p><b>Attach Proof of Funding</b></p> <p><b>**Include total dollar amount of the grant (if applicable)</b></p>	<p>Including U.S. Govt Grants</p> <p>Specify Govt. Agency</p> <p>Name of organization</p> <p>Full name of Govt. Agency Ministry, or Dept.</p> <p>(Scholar's Home Country Employer, Institute, University, Private Foundation-Specify Source)</p> <p>If the funding comes from The Scholar's own Personal funds, please Attach a recent account Statement.</p>

FAMILY INFORMATION	(1)	(2)	(3)	(4)
SURNAME				
GIVEN NAME				
MIDDLE NAME				
SPOUSE/CHILD				
DATE OF BIRTH				
EMAIL ADDRESS				
GENDER				
CITY OF BIRTH				
COUNTRY OF BIRTH				
COUNTRY OF CITIZENSHIP				
COUNTRY OF LEGAL PERM. RESIDENCE				

If more dependents, please submit on separate paper