



CHAMPLAIN COLLEGE

International Student Services

Exchange Scholar Program
Office of International Student Services
Champlain College
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Request For Form DS-2019: **Certificate of Eligibility for Exchange Visitor (J-1) Status – For Scholars Only**

PART 1: PERSONAL INFORMATION

NAME (please attach a copy of your passport photo page)

Surname (Family): _____ First (Given): _____ Middle: _____

Permanent Address in Home Country (with postal code): _____
(Number and Street)

(City) (Province) (Postal Code) (Country)

Date of Birth: Month ____ Day ____ Year ____

€ Male €Female

•Single •Married

City of Birth: _____ Country of Birth: _____

Country of Citizenship: _____ Country of Permanent Residence: _____

Telephone _____ Fax _____ E-mail _____

Will any dependents (spouse or children) be accompanying you to the U.S.? • Yes. •No. Not at this time.
If "Yes", please attach passport photo page copies of the dependent spouse and/or children to this form.

Highest Degree Obtained in Your Home Country: _____

Field of Study: _____

Current Occupation in Your Home Country: _____

Current Employer in Your Home Country: _____

Have you ever been in J-1 status before in the U.S.? • Yes (please attach previous DS-2019s). • No.

Have you ever been in J-2 status before in the U.S.? •Yes (please attach previous DS-2019s). • No.

Are you currently in the U.S.? •Yes. •No.

If yes, what is your current status? _____

If currently in the U.S., please attach a copy of your DS-2019, I-20, F-1 or J-1 visa, and copy of your I-94 to this form.

Please note: if you are currently in the U.S. at another institution in J status, the appropriate transfer form for scholars must be completed to finalize the transfer process.

PART 2: YOUR STATEMENT OF FINANCIAL SUPPORT

I understand that I must show proof that I have funds to support my educational and living expenses for my entire length of my program.

The sources of my support will be (please check all boxes that apply):

- Cash funds from Champlain College for my program: \$ _____
- Cash funds from a U.S. Government Agency for my program: \$ _____
- Cash funds from an International Organization for my program: \$ _____
- Cash funds from my Government in my country for my program: \$ _____
- Cash funds from Other Organizations for my program: \$ _____
- Cash funds that I can personally contribute for my program: \$ _____
- Cash funds from my relative/family member/sponsor: \$ _____

TOTAL AMOUNT AVAILABLE TO ME FOR MY PROGRAM: \$ _____

PART 3: REQUIRED DOCUMENTATION

IMPORTANT NOTE #1: All copies must be in English, in US dollars, and be dated within the last two (2) months.

IMPORTANT NOTE #2: Bank statements must show actual accounts and specify monthly balances and deposits. Letters from banks estimating funding are not acceptable.

I attach the following documents to prove my identity and financial responsibility:

(Please check all boxes that apply and attach copies of the original documents to this request for review):

- Passport Photo Page
- Previous DS-2019s (if necessary)
- My personal Funds:
 - Proof of Income (income tax returns, employer’s letter, pay stubs, or investment statements)
 - Bank Statement
- Funds from Champlain College:
 - Copy of Award Letter
- Funds from Relatives/Family Members/Sponsors:
 - Proof of Income (income tax returns, employer’s letter, pay stubs, or investment statements)
 - Bank Statement
- Funds from the U.S. government/International Organizations/Other Organizations
 - Official letter of support on agency, organization, or governmental letterhead

- **Funds from My Government:**
 - Official letter of support on governmental letterhead
 - Bank statements, sworn statements

PART 4: ADDRESS WHERE YOU WOULD LIKE US TO SEND YOUR DS-2019

- **Mail to Address in Home Country (address indicated in Part I of this Form)**
- **Mail to Address in the U.S.:**
Name: _____ Street: _____
City: _____ State: _____ Zipcode: _____

PART 5: CERTIFICATION

I certify that the information given on this form above and the copies of financial proof are complete and true. I understand that my admission could be denied if I give any false or misleading statements or documents in this request.

(Your Signature)

(Date)

Please e-mail this completed form along with copies of your documents to:

Jessa Karki, Director, International Student Services – jkarki@champlain.edu