

Fred Hutchinson Cancer Research Center

J-1 Visa—Exchange Visitor DS-2019 Request Form

Please complete the following J-1 visa request form and return it to Amy Garrett-Cowan or Tony Froehlich at Mail stop: J1-105 or fax: 206-667-4051

A DS-2019 will be issued to the J-1 beneficiary only when all of the following information has been received in our office:

- **Proof of Funding** (If Visitor will be employed by the Center, the Employment Requisition will serve as proof)
- **Proof of Medical Coverage** (They may be covered by the Center depending on the purpose of their visit)
- **A current C.V. and a Employment Requisition Form** (if salary/stipend and/or benefits are coming from the Center).

Principal Investigator/Supervisor		Contact
Extension	Mail Stop	Division

Briefly describe the specific field of study, research, training, or professional activity of the **exchange visitor**:

Last/Family Name	First	Middle	<input type="checkbox"/> Male <input type="checkbox"/> Female
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Birth Date	Birth City	Birth Country
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Country Citizenship	Country of Permanent Resident
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Nature of Visitor's business in home country (ie: University, private research institution, hospital, ect.):

Current Title/Position in Home Country	Degree	Is visitor considered Faculty in Home Country <input type="checkbox"/> Yes <input type="checkbox"/> No
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Term of stay at the Center Month/Day/Year to Month/day/Year	Job Title of Visitor
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Address to which correspondence should be sent: **(INCLUDE PHONE NUMBER and EMAIL)**

Source of Funding

During this visitor's **term of stay** at the Center, it is estimated that the following financial support (in U.S. dollars) will be provided by:

FHCRC: *Please attach Employment Requisition form	\$
Has Center funding been received in the visitor's name ? <input type="checkbox"/> Yes <input type="checkbox"/> No	

If funds are to be received from outside sources, please indicate which and provide evidence of this support (ie, award letter, bank statement):

Name of sponsoring organization:

U.S. Government Agency:(*only use if funds are directly going to the individual)		\$
International Organization:		\$
Exchange Visitor's Government:		\$
Binational Commission of the Visitor's Country:		\$
All Other Organizations:		\$
Personal Funds: (please include a current bank statement with account number concealed)		\$
		Total Salary: \$

Family Status

Family members who will be accompanying exchange visitor. **Please note:** If your spouse is coming to the US on a separate J-1 visa or as a J-2 visa holder at a later date, please do not add their name below.

Will family members be accompanying visitor? <input type="checkbox"/> Yes <input type="checkbox"/> No

Spouse

Last/Family Name	First	Middle	<input type="checkbox"/> Male <input type="checkbox"/> Female
Birth Date	Birth City	Birth Country	
Country of Citizenship		Country of Permanent Residency	

Children

Last/Family Name		First	Middle	<input type="checkbox"/> Male <input type="checkbox"/> Female
Birth Date	Birth City		Birth Country	
Country of Citizenship			Country of Permanent Residency	

Last/Family Name		First	Middle	<input type="checkbox"/> Male <input type="checkbox"/> Female
Birth Date	Birth City		Birth Country	
Country of Citizenship			Country of Permanent Residency	

Last/Family Name		First	Middle	<input type="checkbox"/> Male <input type="checkbox"/> Female
Birth Date	Birth City		Birth Country	
Country of Citizenship			Country of Permanent Residency	

Last/Family Name		First	Middle	<input type="checkbox"/> Male <input type="checkbox"/> Female
Birth date	Birth City		Birth Country	
Country of Citizenship			Country of Permanent Residency	