



INTERNATIONAL STUDENT & SCHOLAR SERVICES

The University of Alabama at Birmingham

BACKGROUND INFORMATION FOR J-1 EXCHANGE VISITORS

Please complete and email this form to iss@uab.edu along with scanned copies of ALL of the relevant documents listed in the charts on page 3.

SECTION I: BIOGRAPHICAL INFORMATION (as it appears on your passport)

Name Last/Family Name First/Given Names

Male Female Prefer not to identify Married Single

City of birth Country of birth

Country of LEGAL permanent residence Country of citizenship

Date of birth (month/day/year)

Position/occupation in home country

Residential address in home country:

Street Name and Number / district if any Apartment Number

City State/Province Postal Code

Mailing address in home country (to send your immigration documents - if different from above):

Street Name and Number / district if any Apartment Number

City State/Province Postal Code

Current email address Current phone number

Did you earn a medical degree in your home country? Yes No

Will your UAB research opportunity involve clinical work or patient contact? Yes No

SECTION II: IMMIGRATION HISTORY

Are you currently at another US institution in J-1 status? Yes No

If yes, name and email address for current US institution

If you are currently in J status at another US institution and will be transferring your J status to UAB, please complete the International Scholar Transfer Clearance Form and email it to iss@uab.edu.

Have you ever been issued a Form DS-2019 by UAB or any other institution? Yes No

Have you been in the US as a J-1 Short-Term Scholar within the past 6 months? Yes No



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Have you been in the US as a J-1 Research Scholar/Professor at any time during the past 24 months? Yes [] No []

If you answered "yes" to either of the above questions, please attach copies of ALL prior Forms DS-2019 and a copy of your most recent Form I-94 printed from https://i94.cbp.dhs.gov/i94/#/home.

SECTION III: FINANCIAL SUPPORT

Indicate the annual amount of financial support you will receive from each of the following sources. You must show at least \$2,000 per month / \$24,000 per year in funding for yourself and an additional \$5,000 per year per dependent for your spouse and each child under age 21 who will join you in the US in J-2 status.

Table with 2 columns: Source and AMOUNT. Sources include UAB, US government agency, International agency, Your home government, Binational Commission, Other organization(s), and Your personal funds.

(*For 2, 3, 4, 5, 6, and 7, attach PROOF of such funds in the form of letters from sponsoring organizations, current bank statements showing balance and liquidity of funds, and/or an offer letter from the UAB department detailing support.)

SECTION IV: DEPENDENTS

If any dependents (i.e., spouse or children) will accompany you to the US/UAB and stay with you the entire time, please provide the following information:

For spouse: Last/Family Name, First/Given Name(s), Date of birth, Place of birth, Country of citizenship, Country of permanent residence, Male/Female checkboxes.

For 1st child: Last/Family Name, First/Given Name(s), Date of birth, Place of birth, Country of citizenship, Country of permanent residence, Male/Female checkboxes.



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For 2nd child: _____ Male Female
 Last/Family Name First/Given Name(s)
 Date of birth ____/____/____ Place of birth _____
 MM DD YYYY City Country
 Country of citizenship _____ Country of permanent residence _____

Please read **CAREFULLY** the chart below and send the relevant documents in **one** email.

PRIMARY APPLICANT	
If you are currently in the US	If you are currently outside the US
Current and expired passport biographical pages	Current passport biographical page
All US visas in current and expired passport	Current CV
Most recent Form I-94	Most recent bank statement (dated within the last 6 months) if you are self-funded
Current CV	<u>OR</u> Funding letters from government / institutional sponsor if you are funded by an outside source
International Scholar Transfer Clearance Form (if you are transferring to UAB from another US institution)	Proof of health insurance (please read carefully the insurance information sheet provide to you)
All immigration documents covering entire period of stay in US in any immigration status (e.g., Forms I-20, DS-2019, I-797, I-140, I-612 approval, receipt notice for I-485, etc.)	
Bank statements dated within the last 6 months if you are self-funded	
<u>OR</u> Funding letters from government / institutional sponsor if you are funded by an outside source	
Proof of health insurance (please <u>read carefully</u> the insurance information sheet provide to you)	

DEPENDENTS - Spouse and child(ren)
Only if your dependent(s) will join you for your entire stay in the U.S.
Current passport biographical pages
Marriage certificate and/or birth certificate and English translation to prove the relationship
Proof of health insurance (please <u>read carefully</u> the insurance information sheet provide to you)
All US visas in passport and any expired passports, if currently in US
Most recent Form I-94, if currently in US