

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 to Stephanie Otis at Mail Stop J1-105, email: sotis@fhcrc.org 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 an Employment Requisition Form** (If salary/stipend and/or benefits are coming from the Center)

SECTION 1

Principal Investigator/Supervisor		Contact	
Extension	Mail Stop	Division	Center Job Title of Visitor

Briefly describe the specific field of study, research, training, or professional activity the **Exchange Visitor** will participate in while at the Center:

SECTION 2

1. Have you previously been employed in the United States?
2. If so, what visa type? And dates of stay in the United States?
3. Have you been to the United States using any other names or alias?

Surname/Family Name	First	Middle	<input type="checkbox"/> Male
			<input type="checkbox"/> Female
Birth Date (mm/dd/yy)	Birth City	Birth Country	
Country of Citizenship		Country of Permanent Residency	

Nature of visitor's business in home country (ie: University, private research institution hospital, etc):

Current Job Title/Position	Degree(s) Received	Field of Study
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Term of Stay (Month/Day/Year) (minimum: 3 weeks, maximum: 5 years)

Address to which correspondence should be sent: **(INCLUDE PHONE NUMBER and EMAIL)**

SECTION 3

Source of Funding

During the 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:	\$
U.S. Government Agency:	\$
International Organization:	\$
Exchange Visitor's Government:	\$
All Other Organizations:	\$
Personal Funds: (please include a current bank statement with account number concealed)	\$
For all funds received from outside of the Center, please provide evidence of this support (i.e., award letter, invitation letter)	Total Salary: \$

SECTION 4

Family Status

Only complete Section 4 "Family Status" if your family will be applying for J-2 Dependent visas.

Will family members be accompanying you? Yes No

Spouse

Surname/Family Name	First	Middle	<input type="checkbox"/> Male <input type="checkbox"/> Female
Birth Date (mm/dd/yy)	Birth City	Birth Country	
Country of Citizenship		Country of Permanent Residency	

SECTION 4 (contd.)

Children

Surname/Family Name		First	Middle	<input type="checkbox"/> Male <input type="checkbox"/> Female
Birth Date (mm/dd/yy)	Birth City		Birth Country	
Country of Citizenship			Country of Permanent Residency	

Surname/Family Name		First	Middle	<input type="checkbox"/> Male <input type="checkbox"/> Female
Birth Date (mm/dd/yy)	Birth City		Birth Country	
Country of Citizenship			Country of Permanent Residency	

Surname/Family Name		First	Middle	<input type="checkbox"/> Male <input type="checkbox"/> Female
Birth Date (mm/dd/yy)	Birth City		Birth Country	
Country of Citizenship			Country of Permanent Residency	

Surname/Family Name		First	Middle	<input type="checkbox"/> Male <input type="checkbox"/> Female
Birth Date (mm/dd/yy)	Birth City		Birth Country	
Country of Citizenship			Country of Permanent Residency	