

Bluegrass Community & Technical College

REQUEST FOR SPONSORING A J-1 EXCHANGE VISITOR

Please provide the information requested below for the issuance of the DS-2019 Form. This form should be submitted to the International Student Services Office. Please submit the request at least 3 months prior to the visitor's expected arrival date.

VISITOR INFORMATION PLEASE PROVIDE INFORMATION BELOW EXACTLY HOW IT APPEARS ON YOUR PASSPORT.				
Last Name:				
First Name:			Middle Initial:	
Date of Birth:			Gender:	
City of Birth:				
Country of Birth: Country of Citizenship:				
		ACADEMIC ACTIVITY	,	
☐ Student ☐ Short-Ter ☐ Professor Visitor's Level of E ☐ High Scho ☐ Associate ☐ Bachelor's ☐ Master's I ☐ Doctorate	ool 's Degree 5 Degree Degree			
Visitor's Occupation	on in Home Country:			_
Visitor's Employer in Home Country:				
Current Employer Private Governme	ent	mmunity and Tachnical Co	Collogo	
From Month	, .	mmunity and Technical Co To r Month	_ollege: /	

Describe the proposed specific academic activity:					
	Funding Information				
	ange Visitors are required to show a minimum of \$1,000.00 additional \$300.00 per month requirement for each family				
	ancial documents must be current at the time of application priate documents reflecting financial ability include one of Bank statement, stamped or signed by a bank official Affidavit of support, submitted by sponsor and accompasion Scholarship letter from sponsoring organization outlining Letter from employer stating earning for period of requesting to the statement of the sta	the following: nied by financial verification g dates and terms of scholarship			
during benef	te below the source(s) of funding and an estimate of the any the length of the program as it will be indicated on the DS its such as room, board, tuition, etc. <i>Please attach supposes of funding for the visitor's proposed length of stay</i>	S 2019. Include in the estimate any orting documents which confirm all			
Pleas	e check all that apply:				
	Bluegrass Community & Technical College	\$			
	U.S. Government Agency	\$			
	International Organization	\$			
	The Exchange Visitor's Government	\$			
	All other organization's providing support	\$			
	Personal Funds	\$			

HEALTH INSURANCE

Please be advised that Federal Regulations governing the Exchange Visitor Program require that all Exchange Visitors (EV) must have health/accidental insurance coverage which includes repatriation costs for remains and dismemberment coverage during their stay in the United States. Under the regulations, Bluegrass Community and Technical College is not required to pay for the insurance coverage, but must ensure that the visitor and all accompanying dependents have coverage that is valid in the United States. The Exchange Visitor will be able to purchase such insurance in the BCTC International Student Services Office upon arrival.

Please attach documentation to confirm that the EV was informed of this Federal Regulation. It is suggested that this information be included in the cover letter from the visitor.

Please indicate who will be responsible for the health insurance payments:					
☐ Sponsoring Department	Exchange Visitor				
	Sī	TATUS			
Is the Exchange Visitor of	-		∐ No		
If yes, indicate your non-immigi	ant status (i.e. F-1, J-1, B-1,	H-1, etc.):			
If presently in the United St DS 2019 Forms, passport bid another J-1 Exchange Visito	o page, J-1 visa page, and	Form I-94. If	f the exchange v		
Name of Sponsor					
If the participant is present information:	y outside of the U.S. and	has previously	y been in J statu	s, indicate the following	
Termination Date (Month/Day/Y	ear):/				
Sponsor:					
Category:					
5 ,					
	FAMILY/	DEPENDENTS			
Please be advised that years of age) children o J-2 visa status. If family	f the J-1 Exchange Vi	sitor. Other	family member	ers are not eligible for	
Dependent #1:					
Family Name	First Name				
Date of Birth	•	ountry of Birt	 th		
Relationship to Exchange	: Visitor:				
☐ Spouse ☐ Child (unr	narried and under the age of	21)			

Dependent #2:					
Family Name	First Name				
Date of Birth	City and Country of Birth				
	Spouse Child (unmarried and under the age of 21)				
Dependent #3:					
Family Name	First Name				
Date of Birth Relationship to Exchange	City and Country of Birth				
•	married and under the age of 21)				
Dependent #4:					
Family Name	First Name				
Date of Birth	City and Country of Birth				
Relationship to Exchange	e Visitor:				
☐ Spouse ☐ Child (uni	married and under the age of 21)				