

J-1 SCHOLAR/J-2 DEPENDENT TRAVEL SIGNATURE REQUEST FORM

SUBMIT THIS FORM AND ALL REQUIRED DOCUMENTS (SEE INSTRUCTIONS BELOW) AT LEAST FIVE (5) BUSINESS DAYS PRIOR TO YOUR DEPARTURE.

INFORMATION:

- In order to return to the United States/GSU after travel abroad, your DS-2019 form must be signed for travel.
- Each travel signature is valid for six (6) months from the date of signature.
- You must have a valid J-1 or J-2 visa in your passport to re-enter the United States. (*EXCEPTION:* If you are traveling to Canada, Mexico, or one of the islands adjacent to the U.S. (except Cuba) for a visit of 30 days or less, you may re-enter the U.S. with an expired J-1 or J-2 visa.)
- You and your J-2 dependent(s) must currently maintain accident and sickness health insurance that meets J visa requirements for the entire duration of your DS-2019 form/program, including any periods of travel abroad.
- **If J-1 and you will be outside the U.S. for more than 30 days, additional authorization and documentation are required; contact Jenny Callahan at jcallahan@gsu.edu for further instructions.**

INSTRUCTIONS to J-1 scholar and/or J-2 dependent:

1. Complete Section 1 of this form.
2. Have your GSU department/host professor complete Section 2.
3. Submit this completed form and **the following documents**
 - Your most recent, original DS-2019 form
 - Proof of your current health insurance (printout/confirmation from your health insurance company showing dates and details of coverage)
 - Copy of your travel itinerary from your airline (showing departure and arrival dates)

SECTION 1: TO BE COMPLETED BY J-1 SCHOLAR OR J-2 DEPENDENT

NAME: _____
 (Family) (Given) (Middle)

CURRENT RESIDENTIAL ADDRESS IN THE U.S.:
 Street name/number (example: "123 Visa Street"): _____ Apt/Room#: _____
 City: _____ State: _____ ZIP Code: _____

Phone#: (____) _____ - _____ E-mail: _____@_____
 Passport Expiration Date: _____ (**NOTE: Passport must be valid at least 6 months after re-entry date**)
 MM/DD/YYYY

J-1 or J-2 Visa Expiration Date: _____ DS-2019 Form Expiration Date: _____
 MM/DD/YYYY MM/DD/YYYY

Travel Destination: _____ Departure Date: _____ Return Date: _____
 MM/DD/YYYY MM/DD/YYYY

I verify that the above information is true and correct. I verify that I intend to return to the United States to continue my J-1 program.

Signature of J-1 scholar or J-2 dependent: _____ Date: _____

SECTION 2: TO BE COMPLETED BY GSU HOST PROFESSOR/DEPARTMENT CONTACT

By signing below, I confirm that the J-1 scholar named above has been actively engaged in the research/program activity for which his or her J-1 visa was issued, and that s/he will resume these activities upon return to the United States.

GSU Host Professor Printed Name: _____ Phone Number: _____

GSU Host Professor Signature: _____ Date: _____