

Waiver of 212(e) Home Residence Requirement

The following information regarding the waiver statement must be read, signed, and returned to the Office of International Affairs to process any request for Form DS-2019 (Formerly IAP-66).

WAIVER INFORMATION: Exchange visitors subject to the two-year home residency requirement who have been recommended by the U.S. Department of State or granted a waiver by the U.S. Citizenship and Immigration Service of this requirement are ineligible to extend the J-1 status. In order that we may determine eligibility of extending your J-1 status, it is mandatory for you to certify if you have or have not applied for waiver by answering the question below.

Exchange Visitor Information

In accordance with Federal Regulations (22 CFR 62.10), it is mandatory that you complete the fields below with the most current information before your extension may be processed.

Last/Family Name	First/Given Name	Middle Name
Date of Birth	UTHealth E-mail Address	Personal/Alternate E-mail Address
Personal Phone Number	Work Phone Number	J-2 Spouse Phone Number (if applicable)

Home Address: Street Number and Name Apartment Number City State Postal Code

Are your J-2 dependents (if applicable) in the U.S. living at the same home address? Yes _____ No _____
 If no, please provide the J-2 dependent(s)' current U.S. address:

J-2 Home Address: Street Number and Name Apartment Number City State Postal Code

Physical Worksite Address: Street Name and Number Lab/Room Number City State Postal Code

Have you applied for a waiver of the two year home residency requirement? Yes _____ No _____

If yes, please provide your Department of State Case Number: _____

I hereby certify that I have read and understand the two-year home residency requirement and that the information given by me on this application to extend J-1 status notice is true and correct to the best of my knowledge.

Signature of Exchange Visitor

Today's Date

PLEASE REMEMBER THAT ALL EXCHANGE VISITOR PARTICIPANTS ARE REQUIRED TO COMPLY WITH THE TERMS, CONDITIONS, RESTRICTIONS AND STAY LIMITATION OF THEIR J-1 STATUS. PLEASE REVIEW AND FAMILIARIZE YOURSELF WITH THE INFORMATION CONTAINED ON THE SECOND PAGE OF FORM DS-2019 (FORMERLY IAP-66) TO AVOID BEING IN VIOLATION OF U.S. IMMIGRATION LAWS.