



**U.S. Department of State**  
**Bureau of Consular Affairs**  
Consular Systems and Technology

**J Visa Waiver Online (JWOL)**


DS-3035 Screen Mockups


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# Welcome to J Visa Waiver Online

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## Welcome to J Visa Waiver Online!

Certain exchange visitors are subject to the two-year foreign residence requirement of Section 212(e) of the Immigration and Nationality Act. This web site allows exchange visitors desiring a waiver of INA 212(e) to submit their request to the Department of State Waiver Review Division for a waiver recommendation. The exchange visitor or representative controls the data entry to ensure an error-free submission. Exchange visitors with case numbers may also use this site to submit changes to their contact information or check the status of their application.

**Application will be submitted electronically after payment of fees online using pay.gov**

### What would you like to do?

- [Complete an Online Application](#) for a J-1 waiver recommendation.
- [Retrieve an Online Application](#) for a J-1 waiver recommendation.
- [Complete a Survey](#) to help clarify whether you may be subject to 212(e)
- [Go Directly to Advisory Opinion](#) To skip the survey and go directly to the Advisory Opinion.

**If you already have a Waiver Review case number, you may:**

- [Check the Status](#) of a request for a waiver of the two-year home residence requirement
- [Inform the Department of State](#) of a change to personal data (such as mailing address, email, phone, etc.)
- [Create a Statement of Reason](#)

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## Privacy and Computer Fraud and Abuse Act Notices

### Privacy Act Notice

For site management, information is collected for statistical purposes. The Department of State Web Site uses software programs to create summary statistics for such purposes as assessing what information is of most and least interest or identifying system performance or problem areas. The following is the type of information collected about your visit to the web site: the name of the Internet domain from which you access State Department web sites (for example, "aol.com" if you are connecting from America Online) and the date and time you access our site. If you choose to provide us with personal information in an email message, we use it only to respond to your email.

For site security purposes and to ensure that this service remains available to all users, the State Department uses software programs to monitor network traffic to identify unauthorized attempts to upload or change information or otherwise cause damage. Unauthorized attempts to upload information or change information on this service are strictly prohibited and may be punishable under the Computer Fraud and Abuse Act of 1986. Information also may be used for authorized law enforcement investigations. Except for the above purposes, no other attempts are made to identify individual users or their usage habits.

### Computer Fraud and Abuse Act

Unauthorized attempts to upload information and/or change information on these web sites are strictly prohibited and are subject to prosecution under the Computer Fraud and Abuse Act of 1986 and Title 18 U.S.C. Sec.1001 and 1030.

Furthermore, the Department of State assures that it will not

- obtain personal identifying information about you, unless you choose to provide such information
- share any information it receives with any outside parties, except for authorized law enforcement investigations, or as otherwise required by law.

### For more information, contact:

*The Bureau of Global Public Affairs  
Office of Public Liaison  
Visit: [Contact Us - register.state.gov/contactus/contactusform](#)*

[< Previous](#)[Cancel](#)[I Accept](#)

# Select Complete an Online Application

## Use this Web Site




### How to Use this Web Site

	Navigation Bar	Located below the header. The navigation bar shows the user's progress along the path taken on the web site.
	Glossary	Available on all pages on this site; defines terms and shows pictures of forms used by the Waiver Review Office.
	Flow Label	Located to the right of the navigation bar, the flow label identifies the path the user has taken on the web site.
	Previous Button	Located on the bottom left of each page. Use the "Previous" button to return to a previously visited page. Avoid using the Back button on the browser.
	Cancel Button	Located on the bottom center of each page. Use the "Cancel" button to clear your work and return to the J Waiver Online home page. Caution: This will clear any information that has been entered during this session.
	Next Button	Located on the bottom right of each page. Use the "Next" button to move to the next page on the navigation bar. Avoid using the Forward button on the browser.




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# J-1 Waiver Recommendation Process

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## J-1 Waiver Recommendation Process

This web site allows a J-1 exchange visitor ("EV") to begin the process of requesting a waiver of the two-year home residency requirement. Here is how the online process works:

1. Type the exchange visitor's personal data into the J-1 Visa Waiver Review Application, an online version of Form DS-3035.
2. Choose a basis on which he or she is applying for the waiver, such as "no objection".
3. The system will reserve a case number for the applicant. If the applicant already has a case number, please enter it on the Exchange Visitor Information page.
4. Follow the payment instructions at the end of the waiver application process.

**Before you begin the process, please ensure that you have the following documentation readily available.**

Each document listed below contains information that you will need in order to complete the application.

- Any passport of the exchange visitor containing his/her U.S. visas
- Legible copies of all DS-2019 or IAP-66 forms
- Notice of Entry of Appearance as Attorney or Representative (G-28) (if applicable)
- Names and dates of birth of any J-2 dependents (spouse or children) and/or the EV's J-1 spouse (if applicable)
- I-94 Departure Record card (if still in the U.S.)
- Alien Registration "A" Number (if applicable)

**IMPORTANT NOTICE:** You will have 90 minutes to complete the entire application, at which point the session will automatically end. It is recommended that you complete explanatory answers in a Word or text document first to allow yourself more time. You will be able to cut and paste from the Word or text document into the application.


**Note:** Submitting inaccurate or incomplete information slows processing times.

**Write down the Application ID** displayed on the top right hand corner of the Exchange Visitor Information page. If you close your browser window, you will need your ID to access your application again.


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# Exchange Visitor Information Page



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APP ID 891461  
OMB No. 1405-0135  
DS-3035  
VERSION No. 07-2008  
EXPIRATION DATE 07/31/2023  
ESTIMATED BURDEN 1 Hour

## Exchange Visitor Information

Enter this information as found on the exchange visitor's passport:

**\* Required**

**\* Title:**


**\* Surname:**

**\* Given Name:**

(First Name and Middle Name)

**Maiden Name:**

**\* Sex:** ☐ Male ☐ Female

**\* Date of Birth:**  

**\* City Of Birth:**

**\* Place of Birth:**

**\* Country/Region of Origin (Nationality):**

(As shown on your most recent DS-2019 or IAP-66 form)

**\* Country/Region of Legal Permanent Residence:**

(As shown on your most recent DS-2019 or IAP-66 form)



### Enter this Information, if applicable

Please enter an existing **case number** here. You will only have a case number if you have ever applied for a J Visa Waiver recommendation or Advisory Opinion in the past. If you do not have a case number, leave this field blank.

Please indicate any **other names** that you are, or have been, known by. These can include alias, previous married names, religious names, professional names, etc...

Other Surname Used

Other Given Names Used

Other Surname Used

All changes have been saved

Other Given Names Used

Other Surname Used

Other Given Names Used

#### Paperwork Reduction Act (PRA) Statement

Public reporting burden for this collection of information is estimated to average 1 hour per response, including time required for searching existing data sources, gathering the necessary documentation, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: A/ISS/DIR, Room 2400 SA-22, U.S. Department of State, Washington, DC 20522-2202.

#### Confidentiality Statement

INA Section 222(f) provides that visa issuance and refusal records shall be considered confidential and shall be used only for the formulation, amendment, administration or enforcement of the immigration, nationality and other laws of the United States. Certified copies of visa records may be made available to a court, which certifies that the information contained in such records is needed in a case pending before the court.

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## Basis Selection

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### Basis Selection

Please read the following information carefully to determine the basis on which John Doe is applying:


**\* Required**


- ☐ No Objection statement from the home government
- ☐ State Health Agency Request
  - Has the exchange visitor's government funded any portion of his/her program while under a "J" visa? ☐ Yes ☐ No
- ☐ Request by an Interested (U.S.) Government Agency, or IGA
  - ☐ Other ☐ Physician
- ☐ Exceptional hardship to a United States citizen (or permanent resident) spouse or child of exchange visitor
- ☐ Persecution

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## Statement of Reason- User can type or upload a document

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### Statement Of Reason

Please type or upload a statement demonstrating why John Doe is eligible to receive a waiver of the two-year home residency requirement of section 212(e) of the Immigration and Nationality Act. The length of the statement may vary.

**\* Required**

Upload Document:

Choose File

No file chosen

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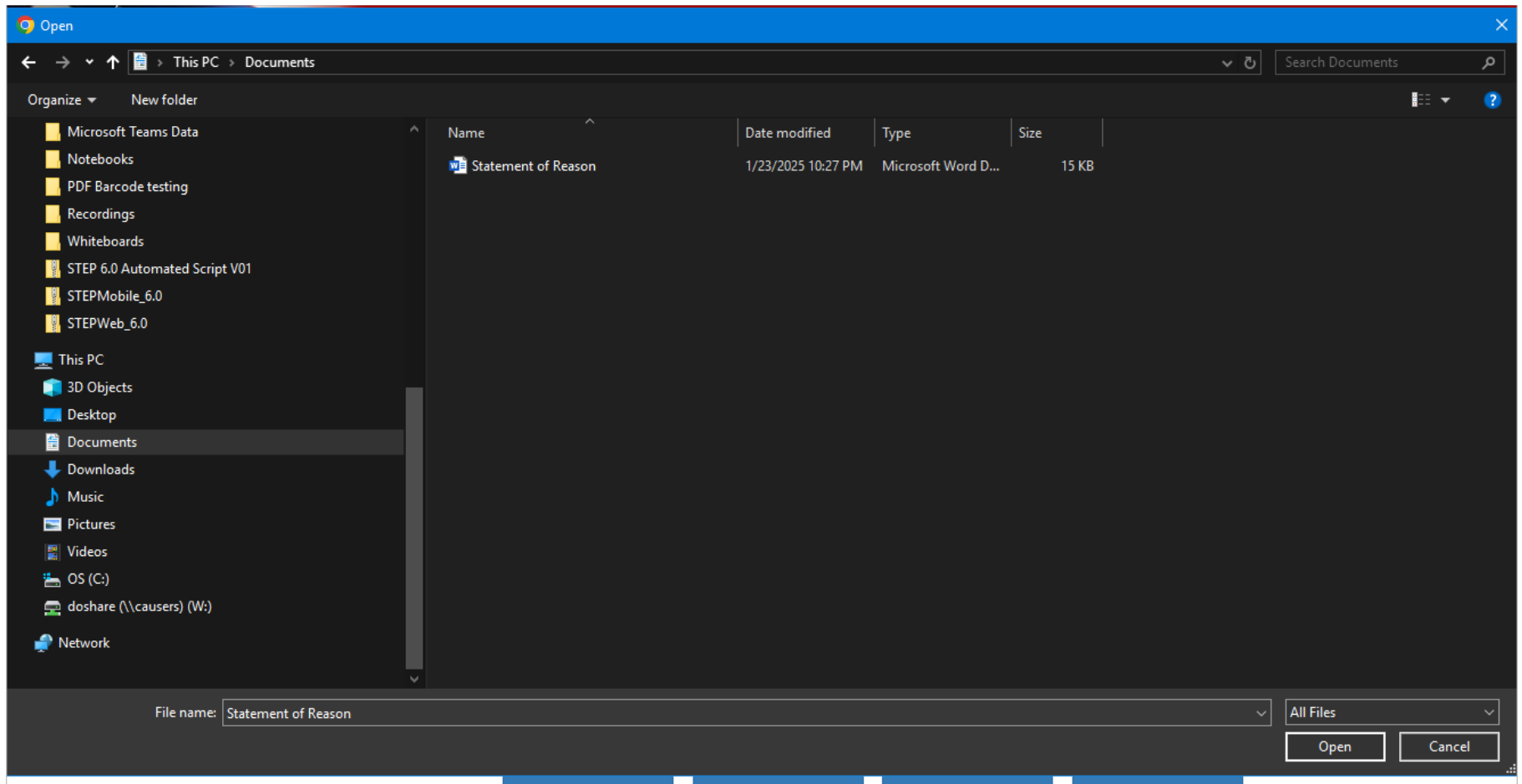
Cancel

Save & Exit


Save & Continue >

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Clicking on choose file: Opens the desktop files to choose a file



## Statement of Reason after upload

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### Statement Of Reason

Please type or upload a statement demonstrating why John Doe is eligible to receive a waiver of the two-year home residency requirement of section 212(e) of the Immigration and Nationality Act. The length of the statement may vary.


**\* Required**

Upload Document:


Statement of Reason.docx

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## Current Address

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### John Doe's Current Address

**\* Required**

\* Address 1:

Address 2:

Address 3:

\* City:  State:  Zip:

\* Country/Region:

Province (if Non-US):

Postal code (if Non-US):

Home phone Number: ☐ US ☐ Foreign


Business Phone Number: ☐ US ☐ Foreign  extension

\* E-mail Address:

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### Recent Address

**Please Verify John Doe most recent U.S. city and state**

If John Doe is no longer living in the United States, please state the last U.S. city and state, where John Doe lived.  
(These fields default to the current city and state for exchange visitors with a U.S. address)

**\* Required**


\*City:

\*State:


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## Attorney Address

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### Enter Attorney Information

**\* Required**

Is John Doe represented by an attorney or other organization? ☐ Yes ☐ No


(If yes, please enter the following information about this attorney or organization. If no any information entered below will be disregarded.)

[< Previous](#)[Cancel](#)[Save & Exit](#)[Save & Continue >](#)


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## Attorney Address- Yes selected with document upload

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### Enter Attorney Information

**\* Required**

Is John Doe represented by an attorney or other organization? ☒ Yes ☐ No  
(If yes, please enter the following information about this attorney or organization. If no any information entered below will be disregarded.)

**\* Law Firm or Organization Name:**

**\* Address Line 1:**

Address Line 2:

Address Line 3:

**\* City:**  **State:**  **Zip:**

Surname of Attorney or Representative:

Given Name of Attorney or Representative:


Phone Number:  **Ext.**

E-mail Address:

**\* Is there a G-28 stating this information?** ☐ Yes ☐ No  
(Note: If an exchange visitor has an attorney, the U.S.C.I.S will required a form G-28.)

Upload:  No file chosen

# Mailing Address



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## John Doe's Mailing Address

**\* Required**

**\* Please indicate where you would like the Waiver Review Division to send correspondence, including the recommendation:**

☒ Current address  
☐ Attorney address  
☐ Other mailing address

**\* Address Line 1:**

**Address Line 2:**

**Address Line 3:**

**\* City:**  **State:**  **Zip:**


**\* Country/Region:**

**Province (if Non-US):**


**Postal code (if Non-US):**

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# Program



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Enter the following information from each exchange visitor program in which John Doe has participated

\* Required

- Add a new row for EACH DS-2019 or IAP-66 form of the J-1 exchange visitor only. Start with the most recent DS-2019 form.
- If you are missing any forms, contact the program sponsor to obtain copies or a letter indicating the information requested below.
- Click on the links below to show the different versions of the forms you may have in hand.
- When program approval was on IAP-66: enter N0000000000 (must have 10 zeros) for the Sevis Number.
- Enter the following from the IAP-66 form for the Subject/Field Code: 00, then the 4-digit subject field code number from the IAP (example 00.2546)

[DS-2019\(new\)](#)[DS-2019\(old\)](#)[IAP-66](#)

Row	SEVIS Number	Program Number	Purpose of Form	Begin Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)	Subject/Field Code	Funding Amount
1	<input type="text"/>	<div><div>▼</div><div><input type="text"/></div></div>	<div>Select One<div>▼</div></div>	<input type="text"/> <div></div>	<input type="text"/> <div></div>	<input type="text"/>	<input type="text"/>

Add Another Form

Delete Selected Form(s)

\* Did any of your exchange visitor program(s) include U.S. Government funds, funds from your own government or funds from an international organization?

☐ Yes ☐ No

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## Non Program

**Time not Covered by DS-2019 for John Doe**

**\* Required**

\* Has John Doe spent any period of time in the U.S. that is not already stated in DS-2019 or IAP-66 form? ☐ Yes ☐ No

If yes, please explain here:

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## J1-Visa

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### J1 - Visa

**Please enter John Doe's first J-1 Visa information.**

Date and place of first entry into the U.S. on your original exchange visitor (J-1) visa. Entry information should refer to the first time the J-1 visa was used to enter the U.S. (If the EV changed to J-1 visa status while already in the U.S., enter the date of status change, control number and issuing post of that first J-1 visa.)


**\* Required**

* First Entry Date:	<input type="text" value="04/01/2024"/> 
* Port of Entry:	<input type="text" value="IAD"/>
State of Entry:	<input type="text" value="Select One"/> ▼
Issuing Post:	<input type="text" value="Select One"/> ▼


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## J2-Visa



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Add J-2 Info.

Delete J-2 Info.


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## Verification

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### Verification

Please Verify that the following information is correct for: John Doe

- Scroll down through the box if necessary
- If any changes are needed, click on the appropriate heading on the navigation bar above, make the change, then click *Next* to save the change.
- When you are satisfied that all the information in the box is correct, *check the box located at the bottom of the information section below* to indicate that and click on *Next*.

**\* Required**

**Application Information:**

**Basis Selection:**

Waiver Basis	IGA
--------------	-----

**Statement of Reason:**

Test
------

**Exchange Visitor Information:**

Title	Mr.
Surname	Doe
Given Name	John
Maiden Name	
Sex	Male
Date of Birth	08/13/2000

City of Birth	SYDNEY	
Place of Birth	AUSTRALIA	
Country/Region of Residence	UNITED STATES OF AMERICA	
Country/Region of Origin (Nationality)	AUSTRALIA	
Case Number		
<b>Other Names Used</b>		
	Surname	Given Name (First/Middle)
Other Name 1		
Other Name 2		
Other Name 3		

**Current Address:**

Address Line 1	123 Street
Address Line 2	
Address Line 3	
City	NYC
State	NEW YORK
Zip	12345
Country/Region	UNITED STATES OF AMERICA
Province	
Postal Code	
Home Phone Number	
Business Phone Number	
Business Phone Number Extension:	
Email	EMAIL@EMAIL.COM



**Recent Address:**

City	NYC
State	NEW YORK

**Attorney Information:**

Surname	
Given Name	
Attorney Office	
Address Line 1	
Address Line 2	
Address Line 3	
City	
State	
Zip	
Phone Number	
Phone Extension	
E-mail Address	
Include G-28	

**Mailing Address:**

Address Line 1	333 Street
Address Line 2	
Address Line 3	
City	Boston
State	MASSACHUSETTS
Zip	12334

Country/Region	UNITED STATES OF AMERICA
Province	
Postal Code	

**Program Information:**

SEVSID	Program Number	Purpose	Begin Date	End Date	Subject Field Code	Funding Amount
A1234567890	P - 5 - 5555	New Program	03/01/2025	03/30/2025	44.4444	\$ 40000

Did any of your exchange visitor program(s) include U.S. Government funds, funds from your own government or funds from an international organization?	No
--	----

**Non Program:**

Is there any period of time in the U.S that is not covered by DS-2019 or IAP-66 form?	No
Explanation	

**J1 Visa:**

Entry Date of First J-1 Visa	02/01/2020
Port of Entry J-1 Visa	IAD
State of Entry J-1 Visa	
Issuing Post J-1 Visa	

**J2 Visa - Dependent Information:**

Does this application include any J-2 dependents?	No
---	----

Surname	Given Name	Date of Birth	Place of Birth	Relationship	Status
---------	------------	---------------	----------------	--------------	--------

**J2 Visa - Spouse's Information:**

Surname	
Given Name	
Date of Birth	
Place of Birth	
J Waiver Case Number	

☐ Check this box if all of the above information is correct.

☒ I certify the information provided is correct.


Enter your Passport/Travel Document Number:


Enter the code as shown:

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## Checklist For Submission

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### Checklist For Submission

Your application is almost complete. The remaining steps in the process will be for you to complete payment to process your application.

The application will consist of items generated by J Visa Waiver Online and copies of documents you should already have.

Based on your answers to the previous questions in J Visa Waiver Online, you will need to submit copies of the following items to the Department of State:

- ✓ All forms DS-2019 or IAP-66
- ✓ Copy of the data page of the EV's current passport containing name and birth date
- ✓ The exchange visitor's curriculum vitae

Please check below if you plan to include additional documentation with your application at this time:

☐ Other

Upload Document:

No file chosen


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# Payment Instructions

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## Payment Instructions

Your application fee must be processed before your application for a waiver of INA 212(e) can be submitted.

An application fee of \$120 per waiver application must be paid using the link [www.pay.gov](http://www.pay.gov).

Accepted Payment Methods:


- Bank account (ACH)
- PayPal account
- Venmo account
- Debit or credit card

Please, click on "Next" and follow the steps to submit this payment.


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## Payment Confirmation

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### Payment Confirmation

Your payment has been successfully submitted.

Payment Tracking Number 12345678

Amount Paid \$120.00


Date and Time of transaction 01/01/2025 05:00pm

This page can be printed or saved for your records.


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# Submit

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## Sign And Submit

Your Application is ready for submission. Please, use *Sign And Submit* button to complete the submission.


Enter the code as shown:




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# Confirmation



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## Confirmation


**Your Application with APP ID 891461 has been submitted successfully.**

Thank you for using the J Visa Waiver Online Application System

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## Retrieve an Online Application

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### Retrieve Application

\* Application ID:

\* Surname:

\* Date of Birth:  

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Upon entry of Application id, surname and date of birth applicant will visit the last saved page.