



Office of International Affairs

## Instructions for DS-2019 (Exchange Visitor) Request

**\*Revised on 6/5/18 please read the entire application\***

### **Exchange Visitor's Information:**

Please complete ALL the information requested. **Incomplete Request Form will delay the DS-2019 issuance process.**

### **Appointment or primary activity:**

Please put the beginning date and the ending date of the program. Check the appropriate classification in the J-1 program. If you have questions concerning the classification, please contact Latasha Daniels at the International Affairs Office x6421.

### **Health Insurance Requirement:**

Indicate if the Department will be enrolling the scholar and any accompanying dependents or if the scholar will be responsible for purchasing insurance.

### **Financial Support:**

Please be as accurate as possible when completing this section of the DS-2019 Request Form. This section requires specific amount(s) and source(s) of the funds available to the EV for the duration of the DS-2019 form.

Proof of funding, other than DSU funds, must be provided with this request. This may be a grant letter from an agency, university or organization. Proof of personal funding includes verification letter from the bank or bank statement issued within the previous six (6) months. Original documentation is required.

### **Scholar's Contact Information:**

If the Exchange Visitor (EV) is currently in the U.S., the U.S. address must be the EV's actual residence. The permanent address must be abroad and in the EV's country of permanent resident or citizenship. If the individual is currently in the U.S., a copy of I-94 Arrival/Departure Card (front and back) is required.

### **Dependents:**

Include only dependents who are not U.S. citizens or born in the U.S. For each dependent, please provide a copy of the passport.

**English Proficiency:**

The Scholar will take the English Language Institute assessment offered by Dr. Body Bluemel in the Department of English and Foreign Languages. There is a \$50.00 fee for the assessment. If Scholar does not pass the assessment then he/she will have to take an English course based upon their test results once arriving to DSU for a fee. Please contact Dr. Bluemel at (302) 857-6567 or email [bbluemel@desu.edu](mailto:bbluemel@desu.edu) to arrange for your scholar to take the assessment.

**Approvals:**

All signatures have to be present in order for the application to be completed by the Office of International Affairs. If you have any questions please contact Latasha Daniels at the Office of International Affairs 857-6421.

**Documents to include with the DS-2019 Application**

- Exchange Visitor's resume
- Proof of financial support (personal bank statement, or scholarship letter)
- Copy of Exchange Visitor's passport (and dependents, if any)
- Letter of request from DSU faculty member, which will state what the Exchange Visitor will be doing while at DSU. This letter must be cc to the Office of Human Resources.

**\*Visitor is NOT eligible for J status under the following circumstances:**

- If he/she had completed a previous J program (eg. Student) which lasted more than 6 months and now requesting a J status as a **Research Scholar** or **Professor** to start a **New Program**, there must be a 12-month gap between the end date of the previous J/J2 program and starting date of a new J program.
- If he/she had completed a **previous J program** in the U.S. as **A Professor** or **Professor** or **Research Scholar**, he/she is subject to a **24-Month Bar (gap) To Start a New J Program** as **A Professor** or **Research Scholar**.
- If he/she had applied for a **"H"** class **Visa** or U.S. **Permanent Resident Status** (green card).
- If he/she had **applied for a Waiver of the Two Year Home Residence Rule** and **Received approval** notification from the State Department or the U.S. Citizenship and Immigration Service (USCIS)



Delaware State University  
Office of International Affairs  
Mrs. Latasha Daniels  
1200 N. DuPont Highway  
Dover, DE 19901  
Tel (302) 857-6421 | Fax (302) 857-6567  
[ldaniels@desu.edu](mailto:ldaniels@desu.edu)

### Request form for DS-2019 (J-1 Visa)

**Instructions:** Read the attached instructions and complete all items. Submit the request and required documents to above address. A DS-2019 will be prepared within 5 business days and given to the Faculty Member for mailing to the Exchange Visitor.

**Documents to include with this request:**

- Exchange Visitor's resume
- Proof of financial support (personal bank statement, or scholarship letter)
- Copy of Exchange Visitor's passport (and dependents, if any)
- Letter of request from DSU faculty member, which will state what the Exchange Visitor will be doing while at DSU. This letter must be cc to the Office of Human Resources.

#### Exchange Visitor's Information

Surname (Family/Last Name): \_\_\_\_\_ Given (First) Name: \_\_\_\_\_

City of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Country of Permanent Residence: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  Male  Female Married:  Yes  No  
Month/Day/Year

Current or Last Employment Position in Home Country: \_\_\_\_\_

Current Institution: \_\_\_\_\_ Location: \_\_\_\_\_

Has the Scholar ever held a J-1 or J-2 visa status in the past?  No  Yes, copies of all DS-2019's within the past 2 years attached.

#### Appointment or primary activity while at DSU

Expected Dates of DSU Appointment: From: \_\_\_\_\_ To: \_\_\_\_\_

- Short Term Scholar: Lecture, observe, consult, or demonstrate special skills for no more than 6 months; BA/BS/MA/MS/PHD degree
- Professor: Teach (non-tenure track), research, observe, or consult; MA/MS/PHD degree
- Research Scholar: Research, observe, or consult; BA/BS/MA/MS/PHD degree
- Non Degree Student: Engage in a professional or certificate program or a non-degree objective course of study

### Health Insurance Requirement

Select one of the options below:	For J-1 Visitor	For J-2 Family Members
DSU Department will enroll participants in coverage AND purchase medical evacuation and repatriation insurance	<input type="checkbox"/>	<input type="checkbox"/>
J-1 visitor will purchase insurance from a private carrier and provide written documentation to DSU Department	<input type="checkbox"/>	<input type="checkbox"/>

### Financial Support (in U.S. dollars)

**DSU: Department budget** \$ \_\_\_\_\_

**U.S. Government Agency (e.g. DOD):** \$ \_\_\_\_\_  
 Name of Agency: \_\_\_\_\_

**International Organization:** \$ \_\_\_\_\_  
 Name of Organization: \_\_\_\_\_

**Exchange Visitor's Government:** \$ \_\_\_\_\_  
 Name of Agency: \_\_\_\_\_

**Other Organization/Institution in the U.S. or abroad:** \$ \_\_\_\_\_  
 Name: \_\_\_\_\_

**Personal funds:** \$ \_\_\_\_\_

### Scholar's Contact Information

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Home Country (permanent) Address: \_\_\_\_\_  
Street Address

\_\_\_\_\_  
City Province/State Postal Code, **Must include** Country

Current Mailing Address, if different from above: \_\_\_\_\_

\_\_\_\_\_  
City Province/State Postal Code, **Must include** Country

**Dependents \*attach copy of passport**

Number of dependents to accompany scholar: \_\_\_\_\_ Number to follow later: \_\_\_\_\_

1. Full Name of Dependent \_\_\_\_\_

Surname (Family/Last Name)

Given (First)

Relationship to Applicant: \_\_\_\_\_  Male  Female

Date of Birth: \_\_\_\_\_ City of Birth: \_\_\_\_\_  
Month/Day/Year

Country of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

Country of Legal Permanent Citizenship: \_\_\_\_\_

Travel Information:  Accompany Scholar  Follow later

2. Full Name of Dependent \_\_\_\_\_

Surname (Family/Last Name)

Given (First)

Relationship to Applicant: \_\_\_\_\_  Male  Female

Date of Birth: \_\_\_\_\_ City of Birth: \_\_\_\_\_  
Month/Day/Year

Country of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

Country of Legal Permanent Citizenship: \_\_\_\_\_

Travel Information:  Accompany Scholar  Follow later

3. Full Name of Dependent \_\_\_\_\_

Surname (Family/Last Name)

Given (First)

Relationship to Applicant: \_\_\_\_\_  Male  Female

Date of Birth: \_\_\_\_\_ City of Birth: \_\_\_\_\_  
Month/Day/Year

Country of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

Country of Legal Permanent Citizenship: \_\_\_\_\_

Travel Information:  Accompany Scholar  Follow later

Exchange Visitor's Name: \_\_\_\_\_

**English Proficiency:**

The Scholar will take the English Language Institute assessment offered by Dr. Body Bluemel in the Department of English and Foreign Languages. There is a \$50.00 fee for the assessment. If Scholar does not pass the assessment then he/she will have to take an English course based upon their test results once arriving to DSU for a fee. Please contact Dr. Bluemel at (302) 857-6567 or email [bbluemel@desu.edu](mailto:bbluemel@desu.edu) to arrange for your scholar to take the assessment.

**Approvals:** This certifies that the person named above is eligible, qualified and accepted to carry out, during the period specified and the activity indicated. The department has verified the educational credentials and sources(s) and amount of funding available. This also certifies that appropriate office space, telephone access, computer/facility access will be given to Exchange Visitor as needed to complete his/her program at DSU. The Office of Sponsored Programs has run the export control process. The Department of Human Resources will run a background check only if Exchange Visitor is paid by DSU. *\*All signatures must be present before submitting to the Office of International Affairs.*

\_\_\_\_\_  
Faculty Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
College Dean

\_\_\_\_\_  
Date

\_\_\_\_\_  
Sponsored Programs Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dr. Tony Allen, Provost

\_\_\_\_\_  
Date

\_\_\_\_\_  
Human Resources

\_\_\_\_\_  
Date