



Office of International Affairs

Instructions for a **Student DS-2019 (Exchange Visitor) Request**

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 Office.

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. If dependent(s) is/are currently in the U.S., also submit a copy of the I-94 Arrival/Departure Card (front and back) and copy of the DS-2019(s).

English Proficiency:

Please provide information on how English was tested to make sure scholar is qualified to participate in the program. This can be satisfied by Interview, TOEFL score or English class with a passing grade of a C or better.

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.

***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)
- If the **Student** is fully supported by **Personal Funds**.



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Request form for a **Student 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

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 Student Follow later

English Proficiency (How was English tested to participate in program)

Interviewed by: _____ (Please print name)

TOEFL Score: _____ (Attach proof) English Class: _____ (Attach proof)

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.

Faculty Member

Date

Department Chair

Date

College Dean

Date

Sponsored Programs Representative

Date