

REQUEST FOR DS-2019 FORM
CERTIFICATE OF ELIGIBILITY FOR EXCHANGE VISITOR (J-1) STATUS
(Cover Page)
OSU Office of International Students and Scholars

This form is to be used by OSU departments wishing to invite exchange visitors to OSU. The data and supporting documents requested with this form will allow ISS to complete a "Certificate of Eligibility for (J-1) Exchange Visitor (J-1) Status" commonly known as a DS-2019 Form. The completed and signed DS-2019 will allow the exchange visitor to apply for a J-1 visa at a US Consulate/Embassy in their country.

The responsible OSU department hosting the Exchange Visitor must:

- 1) Read and verify receipt of instructions for requesting and hosting J-1 Exchange Visitors. Please sign and return receipt page of the handbook titled ***General Information, Instructions & Departmental Responsibilities for Hosting J-1 Exchange Visitors.***
- 2) Complete and sign the **DS-2019 Request Form**
- 3) Include all **required supplemental documents**:
 - Letter of invitation** describing terms and conditions and length of stay
 - Prospective visitor's **resume/CV**
 - Financial Documentation** for all sources - Original letter from visitor's funding source(s) specifying amounts in US dollars. This may include letters of offer, bank statements, etc. All documents must be dated within 6 months of request and have the exchange visitor's name on the document.
 - Passport Picture Pages** - Copies of personal information pages from passports of visitor and all dependents
 - Copies of all **DS-2019s and J visas**
(If visitor or dependents have held J-1 or J-2 status within past two years.)
 - Copies of **I-94 Card, visa, I-20/DS-2019, etc.** (If visitor is currently in the US.)
- 4) **Verify that ALL data on request form is identical to information page(s) on passport(s).**
- 5) Provide **instructions and payment** for sending the document to the visitor.

FOR MORE INFORMATION CONTACT:

Karen Sebring, Alternate Responsible Officer – Exchange Visitor Program
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Regina Henry, Responsible Officer – Exchange Visitor Program
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FORM DS-2019 Request

OSU Office of International Students and Scholars

Submit to: 076 Student Union

This form is to be completed by the OSU Department inviting an Exchange Visitor. It is important to read and understand the *General Information, Instructions & Departmental Responsibilities for Hosting J-1 Exchange Visitors* before you complete and submit this form. Please confirm all data on form with Exchange Visitor before submitting to ISS.

SECTION I - REQUESTING DEPARTMENT

Department: _____	Address: _____
Supervisor of Visitor: _____	Tel: _____ Email: _____
Other Contacts in Unit: _____	Tel: _____ Email: _____

SECTION II - PURPOSE OF REQUEST

<input type="checkbox"/> Begin New J-1 Program <input type="checkbox"/> Exchange visitor will apply for J-1 visa at US consulate/embassy abroad <i>Or</i> <input type="checkbox"/> Exchange visitor is in the US and will request a change of status within US - If the exchange visitor is in the US, include e copies of immigration documents (latest I-94, visa, I-20/DS- 2019, etc).	Start Date ____/____/____ (Month/Day/Year)	End Date ____/____/____ (Month/Day/Year)
<input type="checkbox"/> Transfer from other institution to OSU Provide all documentation necessary for new exchange visitors: copies of all DS-2019s, visas, invitation letter, funding, etc. The Exchange Visitor should complete a "TRANSFER-IN" form and return it to OSU before ISS can accept the transfer and generate a new DS-2019. Transfer In forms are posted on the ISS website.	Start Date ____/____/____ (Month/Day/Year)	End Date ____/____/____ (Month/Day/Year)

SECTION III - EXCHANGE VISITOR'S CATEGORY

<input type="checkbox"/> Research Scholar (minimum program 3 weeks, maximum 5 years) <input type="checkbox"/> Professor (minimum program 3 weeks, max. 5 years) <input type="checkbox"/> Short-Term Scholar (no minimum, maximum 6 months with no extensions) <input type="checkbox"/> Student- Non-Degree (minimum 3 weeks, maximum 24 months)
Will the EV be employed by OSU? <input type="checkbox"/> Yes <input type="checkbox"/> No
Field of Specialization: _____
Description of Visitor's program at OSU: _____

SECTION IV - EXCHANGE VISITOR'S BIOGRAPHICAL INFORMATION

Include passport picture page and make sure data matches.

LAST/FAMILY NAME	FIRST NAME	MIDDLE NAME
DATE OF BIRTH: Month: _____ Date: _____ Year: _____ Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>		
City of Birth: _____ Country of Birth: _____		
Country of Citizenship: _____ Country of Legal Permanent Residence: _____		
Current Position/Occupation: (Title) _____		
Current Employer or Place of occupation: _____		

VISITOR'S PERMANENT ADDRESS: in country of permanent residence – This address will be used for mailing documents unless otherwise directed.

Email Address: _____ Home Country Telephone Number: _____

Alternate Contact Information: _____

SECTION V - REQUIRED BACKGROUND INFORMATION

Has the exchange visitor or any of his/her dependents ever been to the United States before?

Yes No

If yes, please list all trips, dates to the closest month and year, and visa types.

Has the exchange visitor (or dependents) ever held J-1 or J-2 status in the past two years preceding this proposed program?

Yes - If yes, include all copies of previous DS-2019s and J visas from past 2 years.

No

Has the J-1 (or dependents) applied for a waiver of the 212(e)2-year home presence requirement?

Yes

No

Has the DOS waiver recommendation been received? Yes No

Social Security Number (if any): _____ **OSU ID Number (if any) :** _____

SECTION VI - ENGLISH LANGUAGE PROFICIENCY

Has the Department confirmed the Exchange Visitor has adequate English Language skills for this program? Yes No

What methods were used to evaluate English language proficiency? _____

SECTION VII - HEALTH & EMERGENCY EVACUATION INSURANCE

The Department of State requires that all J-1 visa holders maintain health and emergency evacuation insurance. Minimum levels of coverage required by the State Department are published in program guidelines. Failure to fulfill this requirement can result in the termination of an exchange visitor's program. Proof of insurance must be provided to the ISS office within 10 days of arrival.

How will the insurance requirement for J-1 Exchange Visitor Programs be fulfilled?

SECTION VIII - DEPENDENTS ACCOMPANYING THE EXCHANGE VISITOR

1	Name LAST First Middle		Relationship Wife,Son, etc.	Date of Birth
				_____/_____/_____ Month Day Year
	City of Birth	Country of Birth	Country of Citizenship	

Please note if different from country of legal permanent residence

2	Name LAST First Middle		Relationship Wife,Son, etc.	Date of Birth
				_____/_____/_____ Month Day Year
	City of Birth	Country of Birth	Country of Citizenship	

Please note if different from country of legal permanent residence

3	Name LAST First Middle		Relationship Wife,Son, etc.	Date of Birth
				_____/_____/_____ Month Day Year
	City of Birth	Country of Birth	Country of Citizenship	

Please note if different from country of legal permanent residence

4	Name LAST First Middle		Relationship Wife,Son, etc.	Date of Birth
				_____/_____/_____ Month Day Year
	City of Birth	Country of Birth	Country of Citizenship	

Please note if different from country of legal permanent residence

5	Name LAST First Middle		Relationship Wife,Son, etc.	Date of Birth
				_____/_____/_____ Month Day Year
	City of Birth	Country of Birth	Country of Citizenship	

Please note if different from country of legal permanent residence

SECTION VI - FUNDING SOURCES (attach documents verifying funds)

Financial support of the visitor will be provided by:

SOURCE	DESCRIPTION	AMOUNT IN USD
1 OSU Salary from Academic Department:		\$ _____ per _____
2 Grant to OSU Please provide a description of the source.		\$ _____ per _____
Does any of the funding provided by OSU come from a US governmental agency specifically for the purpose of facilitating International exchange or for the support of this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, include copies of grant documentation.		
3 Other:	Documentation must be included for all non-OSU funds. Must be translated into English and converted to USD.	\$ _____ per _____
4 Personal Funds of Scholar		\$ _____ per _____

TOTAL FUNDING FOR REQUESTED TIME PERIOD \$

The minimum financial support for a Visiting Exchange scholars is \$1000/month (\$12,000/year). Support of \$500/month (6,000/year) must be shown for a spouse and \$333/month (\$4,000/year) for each child. Documents verifying funds must be dated within 6 months of request. Documents should be in English and amounts must be in US currency.

SECTION VII - PROCESSING FEES & MAILING INSTRUCTIONS

The \$65 processing, registration and orientation fee should be charged to the following account:

Department Account Name, Number and Sub-code

Name of Department Administrative

Contact: _____

Department: _____ Address: _____ Phone: _____

Send DS-2019 form to Department by Campus Mail Hold and notify Department

Send directly to the exchange visitor via express mail. Permanent address unless otherwise noted.

Please charge express mail costs to the following account number:

_____ The department authorizes charges related to any corrections of documents and required mailing.

SECTION VIII – DEPARTMENTAL CERTIFICATION Please read before signing below.

In compliance with the federal regulations governing the J-1 Exchange Visitor Program, I certify that all of the information given on this form is true and accurate to the best of my knowledge. My signature indicates that I have read, understand and agree to the Departmental Responsibilities outlined in the *OSU J-1 Exchange Visitor Guidelines* and **General Information, Instructions & Departmental Responsibilities for**

Hosting J-1 Exchange Visitors. I also authorize all charges to accounts as outlined above.

Dean/Director/Chair	Name:	Title:
	Signature	Date
Inviting/Supervising Faculty Member	Name:	Title:
	Signature	Date