



## Office of International Students & Scholars DS-2019 REQUEST Packet

*\$75.00 processing fee will be assessed for each request (NOT REQUIRED FOR STUDY ABROAD/EXCHANGE STUDENTS)*

**Note:** Please allow a minimum of 2-4 weeks for processing of DS-2019.

The following information is necessary for the Office of International Students & Scholars (OISS) to prepare the DS-2019 document, which a visiting scholar and student needs in order to obtain a J-1 exchange visitor visa to come to Utah State University, to extend status, or to transfer to another program

### **INSTRUCTIONS FOR COMPLETING THE DS-2019 REQUEST PACKET.**

#### Page 1:

- 1) Fill in all of the information on the top of the form  
Family Name, Given Name,  
Date of Birth, Gender,  
City of Birth, Country of Citizenship  
Country of Birth, Country of Permanent Residency
- 2) Dates of Appointment at USU. Please leave this blank. USU Office of Study Abroad will fill in the dates for you.
- 3) Please list any previous time in J-1 Status. Leave blank if not applicable.
- 4) Please fill in ONLY funds received from the following, and make sure to send us original documentation. J-1 exchange students must show proof of funds totaling \$6,000 per semester. Your DS-2019 will not be prepared until we receive all original documents.
  - a. Exchange Visitor's Government (Attach Documents)
    - i. This should be an official letter.
  - b. Other Organizations (Attach Documents)
    - i. This may include a letter of support from your university. See attached sample.
  - c. Personal Funds (Attach Documents)
    - i. Acceptable documents for personal funds include an original bank statement that shows US dollar equivalent or official letter from your bank certifying that you have sufficient funds.

#### Page 2:

Complete only the "For the Exchange Visitor" section. *Sign and Date*



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Family Name \_\_\_\_\_ Given Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender:  Female  Male  
 Month Day Year

City of Birth \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

Country of Birth \_\_\_\_\_ Country of Permanent Residency \_\_\_\_\_

Occupation in Country of Residence \_\_\_\_\_

Dates of appointment at USU: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Month Day Year Month Day Year

\*Scholars have a maximum of 5 years, and funds for the period above must be reasonably assured

Previous time in J Status (if any): \_\_\_\_\_

If the exchange visitor is already at another institution OR has been in the United States in J status during the preceding 12 months, indicate on a separate sheet of paper of the following: the visitor's history, sponsor category (student, professor, or researcher) and date of entry to the US. Attach a copy of the visitor's passport, visa, I-94 card and all previous DS-2019 documents. This is **REQUIRED** to determine eligibility.

Funds from or administered by Utah State University:  
\$ \_\_\_\_\_

Study Abroad Subsidized Tuition/Fees  
\$ \_\_\_\_\_

Exchange Visitor's Government (Attach Documents)  
\$ \_\_\_\_\_

Other Organizations (Attach Documents)  
\$ \_\_\_\_\_

Personal Funds (Attach Documents)  
\$ \_\_\_\_\_

### Type of J-1 Visitor (Check Primary Activity):

- Professor (may stay up to five years)
- Research (may stay up to five years)
- Short-term (cannot exceed six months)
- Specialist (limited to one year)
- Student (may stay as long as pursuing degree) Major: \_\_\_\_\_
  - Bachelors
  - Masters
  - Doctorate

Non-Degree Seeking Student  
 (Field of Study at USU \_\_\_\_\_)

### Purpose of Request:

- Begin a New J-1 Program
- J-1 Extension
- J-1 Transfer from another Institution
- Permit Visitor's Family to Enter US Separately
- Reinstatement (previously violated status)

### Packet Checklist

- Complete entire DS-2019 Request Packet
- Resume of Exchange Visitor
- Letter of Invitation from Utah State University
- Letter of Scholarship or Acknowledgement of Exchange Visitor from home country institution
- Letter documenting financial support—
  - \*\$1000 per month for **Scholar** (min.)
  - \*\$6000 per semester (**Study Abroad Exchange Students**)
  - \*\$5000 – Spouse
  - \*\$2000 – Each child
  - \*If **J-1 student**, must show funding for **entire program**
- Copy of passport

**If the exchange visitor plans to bring dependents, please complete the following:**

*\*We are required to attach this information to the DS-2019 form to request J-2 visas for dependents*

Last, First Name	Relationship to Scholar	Date of Birth	City, Country of Birth	Country of Citizenship

**\*\*Passport copy of all Dependents is preferable\*\***

Will dependents travel to the United States with Exchange Visitor?  YES  NO

The University assumes the responsibility of some magnitude in undertaking visa sponsorship for a J-1 visitor. OISS depends on departments to provide complete and accurate information about your visitor and their funding. We, in turn, are responsible for guaranteeing this information to the US government.

This form must be signed by the department chair or faculty member responsible for inviting the visitor. It must be returned to the Office of International Students & Scholars as soon as plans are known.

I accept the responsibility for the accuracy of the information on this form, for sponsoring the scholar at USU, and for reporting to OISS the termination and/or departure of the visitor from the university; furthermore, I authorize OISS to charge \$75.00 to Account # \_\_\_\_\_ for the processing fee. (If applicable, please fill out and return attached OCE).

KAY FORSYTH DIRECTOR  
 Responsible faculty member's printed name Title

STUDY ABROAD 0108 797-1253 Kay.Forsyth@usu.edu.  
 Department UMC Telephone Email

\_\_\_\_\_  
 Responsible faculty member's signature Date

**For USU's Sponsoring Department:**

It is the obligation of your department to see that the exchange visitor is covered by health insurance on or before the arrival date. Documentation proof must be brought to the OISS within three days of arrival or the department will be responsible for any medical expenses incurred by the J-1 student or scholar.

Health Insurance Coverage:  Will be provided by the department  Will not be provided by the department

\_\_\_\_\_  
 Department Signature Date

**For the Exchange Visitor:**

I agree to provide Health Insurance coverage for myself and any dependents during the period \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ (line 3 of DS-2019). I understand that this insurance must meet this requirement or, if it does not, will result in my termination from the Exchange Visitor Program and my right to stay in the US.

\_\_\_\_\_  
 Exchange Visitor's Signature Date

For ISS Use Only	Date received: _____	Approved by RO: _____
	Date prepared: _____	Date sent to Dept: _____