

## DS-2019 REQUEST PACKET

International visitors to Utah State University who will be engaged in consultation, observation, research, training or demonstration of special skills must be present on a J-1 visa. The following information is necessary for the preparation and processing of the DS-2019 document required by all visiting scholars and students to obtain a J-1 exchange visitor visa. Please complete this packet and return to the Office of Global Engagement.

### EXCHANGE VISITOR INFORMATION

<b>NAME OF EXCHANGE VISITOR:</b>		
<i>Family Name</i>	<i>Given Name</i>	<i>Middle Name</i>
<b>DATE OF BIRTH:</b> _ / _ / _		<b>GENDER:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male
<i>Month</i>	<i>Day</i>	<i>Year</i>
Email: _____	Phone Number: _____	
Home Address: _____		
<b>CITY OF BIRTH:</b> _	Country of Birth: _	
Country of Citizenship: _	Degree Held ( <i>if applicable</i> ): _	
Country of Permanent Residency: _	Occupation: _	
<b>HAVE YOU BEEN IN A J-1 STATUS IN THE PAST 24 MONTHS?</b> <input type="checkbox"/> NO <input type="checkbox"/> YES ( <i>If yes, please attach a copy of your DS-2019</i> )		

### SPONSORING DEPARTMENT INFORMATION

<b>DEPT. REQUESTING DS-2019:</b>	
_____	
<b>DEPT. BUSINESS MGR:</b> _	
<b>BUSINESS MGR PHONE:</b> _	
<b>RESPONSIBLE FACULTY MEMBER:</b>	
_____	
<i>Name</i>	
_____	
<i>Title</i>	
<b>PHONE:</b> _	<b>UMC:</b> _
<b>E-MAIL:</b> _	

### REQUIRED DOCUMENTS CHECKLIST

<input type="checkbox"/> Resume, CV or application
<input type="checkbox"/> Letter of invitation from Utah State University
<input type="checkbox"/> Letter of scholarship or acknowledgement from exchange visitor home country institution
<input type="checkbox"/> Proof of finances (see pg. 2)
<input type="checkbox"/> Copy of passport(s) of exchange visitor and any dependents
<input type="checkbox"/> Proof of English proficiency, i.e., one of the following:
<i>Official Test Score – TOEFL internet-based (iBT) exam score of 71 or paper-based exam score of 525; OR, IELTS score of 6.0 overall band score with a minimum of 5.0 on each subscale</i>
<i>English proficiency documented via video conference with faculty host and completion of English proficiency form (available from OGE)</i>

**EXCHANGE VISITOR'S PROGRAM INFORMATION**

**DURATION OF PROGRAM:**  
 \_ / \_ / \_ to \_ / \_ / \_  
*Start date (mm/dd/yy) End date (mm/dd/yy)*

**J-1 CATEGORY:**

- Researcher:** 5-year limit. Must have at least a Bachelor's degree.
- Professor:** 5-year limit. Must have at least a Bachelor's degree.
- Short-Term Scholar:** 6-month limit. Must have at least a Bachelor's degree.
- Intern:** 1-year limit. For student pursuing a degree at a foreign university.
- Specialist:** 1-year limit. For individual with specialized skills.
- Non-degree Student:** Undergraduate or Graduate (circle one)

**EXCHANGE VISITOR'S FINANCIAL INFORMATION**

J-1 exchange visitors are required to demonstrate adequate funding per the following minimum amounts:

- Scholars** - \$1,500 per month of duration of stay.  
 Plus \$5,000 for spouse  
 Plus \$3,000 for each child
- Study Abroad Exchange Students:** \$7,000 per semester

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**Please enter funding amount in the source(s) listed below:**

Funds from or administered by USU: \$ \_

Study Abroad Subsidized Tuition/Fees: \$ \_

Exchange Visitor's Government: \$ \_

Other Organizations: \$ \_

Personal Funds: \$ \_

*[Note: All amounts provided above must be in U.S. Dollars]*

**Will you be receiving funding, either partial or full, from Utah State University?**  NO  YES  
*If yes, please complete the Foreign National Information Form available from an immigration advisor.*

**Will your dependents (i.e., spouse and/or children) be accompanying you?**  NO  YES  
*If yes, please enter their information below.*

**DEPENDENTS INFORMATION**

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

**FOR THE EXCHANGE VISITOR:**

You must provide Health Insurance coverage for yourself and any dependents during the duration of your J-1 visa and program if it is not provided by the hosting department. Please understand this insurance must meet the J-1 insurance requirement found at <http://j1visa.state.gov/sponsors/how-to-administer-a-program>. Failure to meet this insurance requirement will result in your termination from the Exchange Visitor Program and your right to remain in the United States.

## **FOR THE SPONSORING DEPARTMENT/FACULTY MEMBER:**

The responsibility assumed by Utah State University for J-1 exchange visitor visa sponsorships is significant. The Office of Global Engagement, as steward for processing and managing J-1 visa sponsorships, depends on departments to provide complete and accurate information about their J-1 visitors and their funding. This assures legal compliance on behalf of USU and serves to mitigate the risk in hosting these visitors.

This packet must be completed in its entirety and signed by both the responsible faculty member and his/her department head. The completed form, with required signatures, must be returned to the Office of Global Engagement as soon as plans for the J-1 exchange visitor are known.

It is the obligation of your department to see that the exchange visitor, and any family members accompanying him/her, are covered by health insurance on or before the arrival date. Documentation of proof must be brought to the Office of Global Engagement within three (3) days of arrival or the department will be responsible for any medical expenses incurred by the exchange visitor or his/her dependents.

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**Responsible faculty member: Please initial beside each statement and sign below.**

\_\_\_\_\_ I accept full responsibility for the accuracy of the information provided on this form and for sponsoring the J-1 exchange visitor identified herein. In sponsoring this individual and his/her dependents, I understand I am required to report to the Office of Global Engagement the termination and/or departure of the visitor(s) from the university.

\_\_\_\_\_ I understand it is the obligation of my department to see that the exchange visitor, and any family members accompanying him/her, are covered by health insurance on or before the arrival date, and documentation of proof must be brought to the Office of Global Engagement within three (3) days of arrival.

### **HEALTH INSURANCE COVERAGE:**

**Will** be provided by the department       **Will not** be provided by the department

\_\_\_\_\_ I understand a processing fee will be assessed for each DS-2019 request. I authorize the Office of Global Engagement to charge the applicable DS-2019 fee to **Index #** \_\_\_\_\_ per the fee schedule provided on the attached J-1 On Campus Expenditure form. I have confirmed with my department Business Manager that this is an appropriate index to use for this purpose and there are sufficient funds to cover the expense.

\_\_\_\_\_  
*SIGNATURE*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Date*

### **DEPARTMENT HEAD:**

\_\_\_\_\_  
*SIGNATURE*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Date*

### **DEAN:**

\_\_\_\_\_  
*SIGNATURE*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Date*

The Office of Global Engagement International Programs provides a fee-for-service model to assist departments in welcoming visiting scholars and other short-term international visitors to the university campus. More information about these services can be found at: <http://globalengagement.usu.edu/ip/htm/international-partnerships>.

Save the complete pdf to your computer. You may mail or hand-deliver a copy of the form and the supporting documents to Shelly Ortiz, etc. Alternatively, you can upload a copy of the form and supporting documents to a Box folder at this link: <https://usu.box.com/s/vaf75j060fgsop2d3l9ujg2reydxgziq>, and send a confirmation email to [shelly.ortiz@usu.edu](mailto:shelly.ortiz@usu.edu).

# J-1 On Campus Expenditure

## Seller Information (Credit)

Date Prepared \_\_\_\_\_

Department Office of Global Engagement  
 Contact Person Business Manager  
 Phone Number 797-8322

Index Code	Account Code	Description	Amount
A35473	563100	J-1 Processing Fee (see key)	
<b>Exchange Visitor Name:</b>			
<b>J-1 Visitor Category:</b>			
<b>Term of Stay:</b>			

KEY:	
1 year or more	\$ 125.00
Less than 1 year	\$ 100.00
Non-degree Student	\$ 75.00

TOTAL                     

## Buyer Information (Debit)

Department \_\_\_\_\_  
 Person Purchasing \_\_\_\_\_  
 Services Phone Number \_\_\_\_\_  
 Dept Business Manager \_\_\_\_\_  
 Phone Number \_\_\_\_\_

Index Code	Account Code	Description	Amount
	714901	J-1 Processing Fee (see key)	
<b>Exchange Visitor Name:</b>			
<b>J-1 Visitor Category:</b>			
<b>Term of Stay:</b>			

TOTAL                     

Remarks: \_\_\_\_\_  
 \_\_\_\_\_

Buyer Signature: \_\_\_\_\_ Date: \_\_\_\_\_