**Request For DS-2019 Certificate of Eligibility for Exchange Visitor J-1 Immigration Status**

**APPLICATION to begin new program**

**please submit this application from two to four months prior to desired program start date**

**To:** International Students and Scholars Center, Arizona State University

Discovery Hall, Rm. 172 Campus Mail Code: 2812 Phone: 480-727-4776 Fax: 480-727-7456

**This is a request for issuance of form DS-2019 for the person(s) listed below to participate in the ASU**

**Exchange Visitor Program (P-1-01599) as an ASU Exchange Scholar (ES).**

**1. Department Information**

|  |  |  |
| --- | --- | --- |
| Department: | | Department Code: |
| Department Physical Address: | | ASU Mail Code: |
| Department Contact: | Faculty Supervisor: | |
| Department Contact E-mail: | Faculty Supervisor E-mail: | |
| Department Contact Phone: | Faculty Supervisor Phone: | |

**2. SIGNATURE (**Department Chair/Dean/Director and Faculty Sponsor)

|  |  |  |  |
| --- | --- | --- | --- |
| Department Head: | | Faculty Supervisor: | |
| Signature: | Date: | Signature: | Date: |

**By my signature I confirm: (1) that our department screening of this proposed Exchange Scholar (ES) has established that the program described herein is suitable to his/her background, needs, and experience; and that s/he possesses sufficient proficiency in the English language to participate in his/her program. (2) that if this (ES) is to be paid from ASU funds or Grants, I have verified that funding, as noted in section 8 of this document, is available for the duration of the requested program period. (3) I further agree to ensure that the department activities in which the (ES) engages are consistent with the program category and activities described on this form. (4) I agree that as the faculty supervisor, I will supervise the Exchange Visitor’s project and its progress for the duration of the program period as required to comply with the Department of State J-1 Regulations.**

**3. Exchange SCHOLAR (ES) INFORMATION**

Name as it appears on passport

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Family/Last Name(s) | | | First/Given Name(s) | | | | | | Preferred Name (Nickname) | |
| Country of Citizenship | Country of Permanent Residence | | | City of Birth | | | | | | Country of Birth |
| Date of Birth: Month/Day/Year | | | | | Sex: Male  Female | | | | | |
| Occupation in Home Country | | Home Institution or Employer | | | | | | | Home Institution / Employer Category | |
| Highest Degree Held | | | | | | | Is Scholar Currently a Graduate Student | | | |
| **Home Country Address** | | | | | | | | | | |
| Residence Street Address | | | | | | | | | | |
| City | | | | | | | | State/Province | | |
| Country | | | | | | Zip Code | | | | |

**DS-2019 APPLICATION TO BEGIN NEW PROGRAM (continued)**

**4. PROGRAM**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| PROGRAM DATES (maximum period one year ) From  month/day/year | | | | To  month/day/year |
| Status at Arizona State University | | | | |
|  | Research Scholar: *principal activity will be research; renewable up to 5 years - 2 yr bar to repeat participation applies* | | | |
|  | Professor: *principal activity will be teaching/lecturing; renewable up to 5 years- 2 yr bar to repeat participation applies* | | | |
|  | Short-term Scholar: *no minimum stay, maximum 6 months; non-renewable* | | | |
|  | Specialist: *Expert in a field of specialized knowledge. Principal activity demonstrating skill, observing, or consulting; maximum 1 year.* | | | |
|  | Student Non-degree: ***Requires*** *Prescribed Course of Study* ***addendum -*** *.minimum stay 3 weeks, maximum 24 months* | | | |
| General Field of Study:  (e.g. Biology) | | Specific Field:  (e.g. Microbiology) | CIP Code:      <http://nces.ed.gov/ipeds/cipcode/Default.aspx?y=55> | |
| Program **Objective**: | | | | |
| Program **Activities** (summary) : | | | | |

**5. SITE OF ACTIVITY (There can be more than one site)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Sponsoring Department/Unit | | Campus | | |
|  | Other on-campus Location | Location Name | | | Mail Code |
|  | Off-campus location | Contact Name | | Contact Phone | |
|  | Off-campus Institution Name | | | | |
|  | Off-campus Institution Address | | | | |

**6. IMMIGRATION DATA**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Does the (ES) have a current or past affiliation with ASU? | | | | Yes No | | | | If Yes, ASU ID # |
| If Yes, enter dates of affiliation. | From | To | | | | | Immigration Status (visa type) | |
| From | To | | | | | Immigration Status (visa type) | |
| Has the (ES) participated in a J-1 program within the past 24 months? | | Yes No | | | If yes, please enclose copies of all DS-2019 Forms from previous and/or current programs. | | | |
| Is the (ES) currently in the U.S. in another visa status? | | | Yes No | | | If yes, what visa type? | | |

**7. (a) DEPENDENTS**

|  |  |
| --- | --- |
| Will (ES) bring family members? | If yes, number of family members |
| Will dependents travel separately? | If yes, estimated date of travel |
| If dependents will accompany or follow to join, proceed to 7.(b) on page four to enter dependent information. | |

**DS-2019 APPLICATION TO BEGIN NEW PROGRAM (continued)**

**8. FUNDING (Minimum required funding per month is $1,400 for the scholar + $350 for the spouse + $350 per child 13 and over + $200 per child under 13)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | If the (ES) will be paid by ASU, will s/he be on the ASU payroll? | |  | 0 |
|  | If yes, attach a copy of the offer letter. | |  | 0 |
|  | If paid by ASU, will the (ES) be eligible for ASU health insurance? | |  | 0 |
|  | If paid by ASU, will any US Government funding be involved? | |  | 0 |
|  | If yes, name the Gov’t. agency providing funds | |  | 0 |
|  | If yes, was the Gov’t. funding received specifically for the scholar? | |  | 0 |
|  | Arizona State University (total $ to be paid during program period) | |  | $ |
|  | US Government Agency (Name the Agency) | |  | $ |
|  | International Organization ( Name of Organization) | |  | $ |
|  | Exchange Visitors Government | |  | $ |
|  | Exchange Visitor Personal Funds | |  | $ |
|  | Other; please explain in (Section 9. Notes – Comments – Explanations) | |  | $ |
|  |  | Total Funding | |  |

**HAVE YOU ATTACHED THE FOLLOWING REQUIRED SUPPORTING DOCUMENTATION?**

Department Letter of Invitation or Offer Letter

Scholar Data Sheet

Passport Data Page(s) & Photo Page For Each Person

CV

Funding Document(s)

Insurance Requirements Notice

J-1 Scholar English Proficiency Attestation Form

**9. NOTES – Comments - Explanations** **(please reference section No.)**

|  |  |  |
| --- | --- | --- |
| For ISSC Use Only | | |
| Date Rec’d | | |
| Application |  | |
| Offer Letter |  |  |
| CV |  |  |
| Data Form |  |  |
| Funding |  |  |
| Passport |  |  |
| Insurance |  |  |
| English Proficiency Verification |  |  |
| Complete |  | |

**DS-2019 APPLICATION TO BEGIN NEW PROGRAM (continued)**

**7. (b) DEPENDENTS (Continued)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Completion required for legal spouse and/or children under 21 years of age who will be coming to the US in J-2 status.**  Minimum funding per month is **$350 for spouse, $350 for each child 13 and over and $200 for each child under 13**. Enclose copy of photo & biographic data pages from passport for each dependent. **Do not list US citizen dependents.** | | | | | |
| Name as it appears on passport    Family/Last Name(s) | | First/Given Name(s) | | Preferred Name (Nickname) | |
| Country of citizenship | Country of Perm. Residence | | Country of Birth | | City of Birth |
| Date of Birth: | | | Relationship to Scholar: | | |
| Email Address: | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name as it appears on passport    Family/Last Name(s) | | First/Given Name(s) | | Preferred Name (Nickname) | |
| Country of citizenship | Country of Perm. Residence | | Country of Birth | | City of Birth |
| Date of Birth: | | | Relationship to Scholar: | | |
| Email Address: | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name as it appears on passport    Family/Last Name(s) | | First/Given Name(s) | | Preferred Name (Nickname) | |
| Country of citizenship | Country of Perm. Residence | | Country of Birth | | City of Birth |
| Date of Birth: | | | Relationship to Scholar: | | |
| Email Address: | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name as it appears on passport    Family/Last Name(s) | | First/Given Name(s) | | Preferred Name (Nickname) | |
| Country of citizenship | Country of Perm. Residence | | Country of Birth | | City of Birth |
| Date of Birth: | | | Relationship to Scholar: | | |
| Email Address: | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name as it appears on passport    Family/Last Name(s) | | First/Given Name(s) | | Preferred Name (Nickname) | |
| Country of citizenship | Country of Perm. Residence | | Country of Birth | | City of Birth |
| Date of Birth: | | | Relationship to Scholar: | | |
| Email Address: | | | | | |

**New Program Exchange Scholar Data Form – Rev: Jan 2015**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Enter your name as it appears in your passport | | | | |
| Family/Last Name(s) | | First/Given Name(s) | | Preferred Name (Nickname) |
| Gender | Date of birth          ,  Please write name of **Month** **Day Year** | | City of birth | |
| Country of birth | | Country of citizenship | | Country of lawful permanent residence |

|  |  |  |
| --- | --- | --- |
| Occupation | | Home Institution or Employer Name |
| Yes  No  Currently a student? | Highest degree Earned | Field of study |
| Short description of your proposed program at ASU (one or two sentences) | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Permanent address in home country (do not use your university’s address) | | | |
| Street address | | | |
| city | State/province | country | zip code |
| **Functional non-ASU Email address:** | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Immigration information ; past or current | | | |
| Do you have a past or current affiliation with ASU?  Yes No | | If yes, what were/are the dates of affiliation  From       To | |
| Immigration classification  at ASU (type of visa) | If other , enter classification here | | ASU ID # |
| Have you participated in any J-1 program within the past 24 months? Yes  No  If you answered yes, please enclose copies of all DS-2019 Forms from past or present programs. | | | |
| Are you currently in the United States? Yes  No  If you answered yes, what is your current Immigration status? (e.g. B-1, B-2, F-1, J-1) | | | |

**Please return this completed form as soon as possible.**

**Include:  1. A copy of your curriculum vitae.**

**2. A legible copy of the photo and biographical information pages of your**

**passport. (also for each family member who will accompany you)**

**3. The signed medical insurance requirements form.**

**4. A document such as a bank letter or award letter to show available funding of**

**$1400/mo to meet the financial support requirements for your visit if you are not paid by ASU.**

**Comments or explanations:**

**If you will be bringing dependents or if they will follow at a later date, proceed to next page.**

**I confirm that the information provided on this document is correct.**

**Signature: ­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If you will be bringing dependents or if they will follow at a later date, proceed to next page.**

**Completion required for legal spouse and/or children under 21 years of age who will be coming to the US in J-2 status.**

Minimum funding per month is $350 for spouse, $350 for each child 13 and over, and $200 for each child under 13. Enclose copy of photo & biographic data pages from passport for each dependent. **Do not list US citizen dependents.**

**Dependents coming with or following to join at a later date**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Enter name as it appears on the passport | | | | | | |
| Family/Last Name(s) | | | First/Given Name(s) | | | Preferred Name (Nickname) |
| Gender : | Date of birth:           Please write name of Month Day Year | | | City of birth | | |
| Country of birth | | Country of citizenship | | | Country of lawful permanent residence | |
| Relationship | | Travel | | | Estimated  Travel Date | |
| Email Address: | | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Enter name as it appears on the passport | | | | | | |
| Family/Last Name(s) | | | First/Given Name(s) | | | Preferred Name (Nickname) |
| Gender : | Date of birth:  Please write name of Month Day Year | | | City of birth | | |
| Country of birth | | Country of citizenship | | | Country of lawful permanent residence | |
| Relationship | | Travel | | | Estimated  Travel Date | |
| Email Address: | | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Enter name as it appears on the passport | | | | | | |
| Family/Last Name(s) | | | First/Given Name(s) | | | Preferred Name (Nickname) |
| Gender : | Date of birth:  Please write name of Month Day Year | | | City of birth | | |
| Country of birth | | Country of citizenship | | | Country of lawful permanent residence | |
| Relationship | | Travel | | | Estimated  Travel Date | |
| Email Address: | | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Enter name as it appears on the passport | | | | | | |
| Family/Last Name(s) | | | First/Given Name(s) | | | Preferred Name (Nickname) |
| Gender : | Date of birth:  Please write name of Month Day Year | | | City of birth | | |
| Country of birth | | Country of citizenship | | | Country of lawful permanent residence | |
| Relationship | | Travel | | | Estimated  Travel Date | |
| Email Address: | | | | | | |