**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 affiliationFrom       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:       |