

DS- 2019 Request Form

J-1 Personal Information (as indicated on passport)

Name _____
(First Name) (Middle Name) (Last Name/ Surname)

Gender: Male Female Date of Birth: _____ City of Birth: _____

Country of Birth: _____ Citizenship: _____ Permanent Residence: _____

Email Address: _____

Permanent Foreign Address

Street: _____

City: _____ Province: _____ Postal Code: _____ Country: _____

Previous Visa History

Has the Scholar/Professor previously been in the U.S. on a J-1 visa? Yes No

If yes, please indicate dates & category. From: _____ To: _____ Category: _____

If the applicant is currently in the U.S. and in J-1 Status, please provide:

Program (University Name): _____ Program Number: _____

Scholar's SEVIS ID: _____

Contact Name & Number at Present University Int'l Office: _____

Previous (Home Country) Employment Information

Position or Occupation in home country: _____

Type of Position:

Central Government State Government Private sector Educational Institution Other: _____

Highest Degree Level held by applicant: _____

Dependent Information. *To be completed only if dependents will be coming to the U.S. with visiting scholar, or if they are in the U.S. with the visiting scholar. If no dependents will be coming, leave blank and skip to the next section. Health insurance requirements also apply to all dependents and must be maintained for the duration of the program. Copies of passport, proof of relationship, email addresses & funding must be provided for each dependent*

Full Name Relationship Date of Birth City of Birth Country of Birth Citizenship Permanent Residency

UNTHSC Visit Details

Host Department _____

Dates to be visiting UNTHSC: _____ to _____

Position at UNTHSC: (Short-Term or Research Scholar/Professor): _____

*A **Short-Term Scholar** can be here for a maximum of 6 months. This **cannot** be extended. However, the scholar can return to the U.S. in J status inside of 12 months of departure from the U.S. This category is good for people who will be coming for multiple short visits.

Field of Research or Teaching: _____

*A **Research Scholar** or Professor is eligible for a total of 5 years as a J-1. When the J-1 researcher or professor ends the J program, he or she may not return as a J-1 Researcher or Professor for 24 months. Feel free to call and discuss options.

CIP Code (Format: xx.xxxx) _____

CIP Codes: <http://nces.ed.gov/ipeds/cipcode/browse.aspx?v=55>

Brief description of scholar's

Primary research objective: _____

Supervisor Name: _____

Additional Cost for Dependents

	Annually	Monthly
Spouse	\$5,040	\$420
Each Child	\$5,040	\$420

Funding Information

Source of Financial Support while in U.S.: UNTHSC Funding List Grant: _____

Visitor's Government Personal Fund Other Organization: _____
(Name of Organization)

NOTE: If not funded by UNTHSC, please provide proof of support such as a letter of financial support from organization providing support.

Please note that ALL scholars must have a minimum total funding of \$1300/month for a J-1 visa, plus any funding for dependents.

Amount of Funds: \$ _____ per _____ Total Funds Provided: \$ _____

Verification of English Proficiency

J-1 Exchange Visitors must have sufficient English to conduct their program/research/activities in the U.S. The regulations state that the sponsor must assess the English proficiency of the visitor. The exchange visitor possesses "sufficient proficiency in the English language... **to participate in his or her program and to function on a day-to-day basis.**" (22 CFR 62.11(a)(2))

How have you evaluated the scholar's English language proficiency?

The scholar is a native speaker of English.

The scholar possesses signed documentation from an academic institution or English language school certifying proficiency.

I have spoken with the scholar by Skype (by phone if video conferencing is not available) or in person and also assessed his/her written English.

The scholar has submitted results of a TOEFL or other English Language Proficiency Test.

Health Insurance

Exchange visitors are required to have medical insurance in effect for themselves and any accompanying spouse and minor children on J visas for the duration of their exchange program. At a minimum, insurance coverage shall include: \$100,000 per person per accident or illness; repatriation of remains \$25,000; medical evaluation \$50,000, and a deductible not to exceed \$500.

Insurance will be provided by: UNTHSC Exchange Visitor

Approval Process

Department Chair: _____ Signature and Date: _____

Dean: _____ Signature and Date: _____

Chief Compliance Officer: _____ Signature and Date: _____

VP of Research: _____ Signature and Date: _____

Provost: _____ Signature and Date: _____