

Departmental Request for J-1 Exchange Visitor DS2019 Form

There is a **\$200** service fee per **new** exchange visitor DS2019 request and a **\$100** service fee for **extension** request. Dependent J2s, student categories and Intra-University Departmental Transfer of current UofL scholars that are not requesting an extension as well, are exempt from these fees. Please check below to indicate the method of payment for this request. **If this Speedtype is from a Sponsored Program, a completed "Sponsored Programs Financial Administration Cost Transfer Justification Form" must be submitted with this request.**

Speed type to be charged _____ . Amount to be Charged \$ _____ . A journal voucher will be processed for this amount.

Personal Check drawn on a US bank account, Cashiers' Check or Money Order.: All made out to the "University of Louisville" and submitted in hard copy form to the ISSS Office

Please note: A copy of the Exchange Visitor's passport picture page is required to be submitted with the DS2019 request form to guarantee the accuracy of their biographical information. All information should be reported exactly as it appears in the exchange visitor's passport. If there are any dependents accompanying the exchange scholar, they too must submit a copy of their passport picture page. If this request is for an extension, there is no need to resubmit copies of the picture passport page.

Purpose of DS2019: New (questions in gray box below MUST be answered) Extension* Intra-University Transfer Transfer to UofL

Has this scholar been previously at UofL? Yes No If yes, what is their UofL ID number? _____

***Extension request must include \$100 service fee, proof of purchase of the three insurance policies required by the Department of State covering the new period of time. If scholar is receiving UofL's insurance, submit a copy of their UofL insurance card along with proof of purchase of repatriation of remains and medical evacuation insurance.**

If this request is for a Transfer Exchange Visitor within the U.S., please attach their current DS2019, I-94 information, passport picture page, visa page and proof of English proficiency. The SEVIS transfer must also be submitted electronically by their current institution to the University of Louisville. We will not be able to complete a new DS2019 until the effective transfer date has arrived. The transfer exchange visitor may need to pick up the DS2019 upon their arrival on campus or during their International Orientation.

If the transfer request is for someone who does not hold a J1 visa, what is his/her current via status? _____ They should provide the same immigration copies as listed above. If they are subject to the 212e Home Residency Restriction, they must apply and be approved for the Waiver before a request for a change of status can be submitted. Please go to the International Center's website to obtain the Change of Status information.

If this is a request for an extension of a current UofL J1 Scholar, you may skip this section.

1) Was the prospective participant physically present in the United States in J-1/J-2 status, in any category for all or part of the time immediately preceding 12-months period?

Yes No If No, the person may begin a new program at any time.

If Yes, was the stay for less than six (6) months duration? Yes No

If Yes, the person may begin a new program at any time. If No, the person must wait 12 months from the end of the previous J-1/J-2 stay before beginning a new program.

2) Has the prospective participant been in a J-1 Professor or Research Scholar Category in the last 24 months? Yes No

If yes and this request is for a New DS2019 for a Professor or Research Scholar category, please provide a copy of their previous DS2019 to determine if they are subject to the "24 month bar". If they are subject to the "24 month bar", the person must wait 24 months between J Programs to be eligible to begin a new program under the Professor or Research Scholar category. However, they could come under the Short Term Scholar category without waiting the 24 months.

Category of Visitor: Student Non-Degree (non-registered student completing research at UofL that will be applied to their home country degree.)

Professor Research Scholar Short-term Scholar (Stay cannot be longer than 6 months)

Surname/Primary Name _____ Given Name _____

Date of Birth ____/____/____ (month/day/year) Gender Male Female Marital Status _____

Place of Birth as listed on passport _____ Country of Birth _____

Country of Citizenship _____ Country of Legal Permanent Resident _____

Most Recent Position in Home Country including Student Status & Level _____

Where is/was the place of employment or study in home country? _____

Please indicate if this is a city, state or region governmental agency _____

Email Address _____ Telephone Number _____

Personal Mailing Address Only (This should be the Exchange Visitor's HOME country address NOT their work address.)

Street _____ Apt. _____

City _____ Country _____

Province/Territory _____ Postal Code _____

NOTE: If the Exchange Visitor is from one of the following countries, please contact the ISSS for additional information: Iran, Libya North Korea, Somalia, Sudan, Syria and Yemen.

Is the Exchange Visitor a Medical Doctor/Alien Physician in their home country? Yes No

If yes, please answer: No Patient Contact Incidental Patient Contact

➤ **If this request is for an individual who is a physician in their home country or holds an MD degree**, the "5 Point Letter" found on the International Student & Scholar Services' website, must be completed and submitted with this request. This letter must be reviewed and signed by the Department Chair and Dr. John Roberts, Associate Dean for Graduate Medical Education in the School of Medicine.

Dependent Information:

Number of accompanying dependents [spouse or children under 21 years of age] _____. If there will be accompanying dependents, please provide the following information for each person as it appears in their passport. If there are more than two dependents, please provide this same information on a separate sheet.

A copy of each dependent's picture passport page must be submitted with this request form.

Additional financial ability must be submitted for dependents beyond the \$1,200 per month necessary for the J-1 Exchange Visitor.: Additional \$2,500 for each dependent per year.

Surname/Primary Name _____

Surname/Primary Name _____

Given Name _____

Given Name _____

Relationship: Spouse Son Daughter

Relationship: Spouse Son Daughter

Date of Birth: ____/____/____ (month/day/year)

Date of Birth: ____/____/____ (month/day/year)

Place of Birth: _____

Place of Birth: _____

Country of Birth: _____

Country of Birth: _____

Country of Citizenship: _____

Country of Citizenship: _____

Country of Legal Perm. Residence: _____

Country of Legal Perm. Residence: _____

Email Address _____

Email Address _____

Terms of Employment or Research at the University of Louisville

UofL Department _____ University Title _____

Subject/Field _____

Duties/Objectives (Be Specific) _____

*Beginning date ____/____/____ Ending date ____/____/____ Total time period of this request _____ months

*Begin date reflects the first day of work at UofL. Please allow at least six weeks lead time for the begin date to accommodate for processing, mailing, applying for the visa and travel time.

*If there is a delay of arrival beyond the start date listed above, please notify the ISSS Office with a new begin and end dates. A new DS2019 will be issued.

Program Periods allowed: (1) **Professor and Research Scholar** categories are from 3 weeks up to a total of 5 years (2) **Short-Term Scholar** category may only be up to 6 months

(3) **Student Non-Degree** category is allowed up to 24 months

Provide the **departmental postal address and telephone number where the scholar will be working**. Work Telephone _____

Work Address _____

Please provide the salary information, if being paid by the University of Louisville

(1) Will the visitor be on UofL payroll? Yes No (2) If yes, will they be: Exempt Non-exempt Other _____

(3) Are they eligible to purchase UofL insurance? Yes No

Annual Salary _____ (per month) _____ Total Salary for the period requested _____

The salary for an exempt employee is a minimum of \$47,476 per year or \$3,956.33 a month. Non-exempt/hourly employee's wage is based on their position classification.

Specific insurance is required by the Department of State for all J1 participants and their J2 dependents. The policy must provide medical benefit coverage of at least (1) \$100,000 and a deductible of no more than \$500, (2) repatriation of remains in the amount of \$25,000 and (3) medical evacuation insurance of \$50,000. If the exchange visitor is acquiring health insurance through UofL, they must purchase the other two required insurance policies through an outside company since UofL does not provide this coverage. Proof of purchase of the insurance should be submitted by the start date of their program to ISSS.

If the Exchange Visitor will not be paid by the University of Louisville, please provide the funding source and amount

If the source of funding is not UofL, then a copy of the letter from the sponsoring agency or person detailing the amount, term and duration of the award must accompany this request. If they are self-supported, an official bank statement must be provided indicating at least \$1,200 for each month of stay. If they are being accompanied by their dependents, they also need to include the additional amount listed above. **The letter of sponsorship or bank statement must be submitted with this form.**

Name of sponsor agency, person or scholar _____ Total Amount: _____

Proof of English Proficiency

PLEASE ATTACH THE APPROPRIATE VERIFIABLE DOCUMENTATION OF PROOF OF ENGLISH PROFICIENCY WITH THIS REQUEST FORM.

The Code of Federal Regulations [22 CFR 62.11(a)(2)] of the J1 Student & Scholar Exchange Program require that participants have verifiable English language that is sufficient, as determined by an objective measurement of English language proficiency, which allows them to successfully participate in his or her program and to function on a day-to-day basis.

[For additional information on the English proficiency requirement you may go to the NAFSA site.](#)

Name of Student or Scholar: _____

Please indicate which of the following was used to determine English proficiency for this candidate.

- Native English Speaker:** English is an official language of the applicant's country of birth/citizenship. [List of English Proficiency Requirements by Countries.](#)
- Recognized English language test: Copy of test scores must be submitted with the DS2019 request form.** (Consult the TOEFL Performance Feedback Brochure to understand scoring: http://www.ets.org/Media/Tests/TOEFL/pdf/TOEFL_Perf_Feedback.pdf)
 - **TOEFL:** Test of English as a Foreign Language scores. *A copy of the official test results must be attached.*
 - Reading: _____
 - Listening: _____
 - Speaking: _____
 - Writing: _____
 - **Other English Language Test Used:** _____
- Interview:** The host professor is satisfied with the applicant's English language abilities based on an interview with the applicant. *A written evaluation from the faculty or staff who completed the interview must be attached. Following information should be included in the evaluation.*
 - Date of interview: _____
 - Person who completed the interview: _____
 - Interview completed: () in person, () on phone, () internet/Skype
 - Rating for their oral ability levels: () Beginner, () Intermediate, () Advanced, () Fluent
 - Rating for their written ability levels: () Beginner, () Intermediate, () Advanced, () Fluent
- Other Documentation:** The applicant has provided signed documentation from an academic institution or English language school as documentation of English ability. *Supporting test results or certificates must be attached.*

Name of institution or school and location _____

Approval signatures from the departmental supervisor and chair or dean authorizing this J1 Departmental DS2019 Request

Signature of Supervisor

Signature of Chair/Dean

Supervisor Name - Print

Chair/Dean Name - Print

Email Address

Email Address

Phone Date

Phone Date

University of Louisville's departmental contact person's information:

Name _____

Email Address _____ Phone _____

Specify how you wish to receive the DS2019 Packet:

Return Form DS2019 in campus mail to the department for forwarding.

Specify person and campus address: _____

Send the DS2019 using the **attached** completed express mail form and envelope provided by the department.

Contact the following department when the DS2019 is ready for pickup. Please indicate where you will pick up the packet:

Belknap Campus at the International Center, second floor, receptionist desk (Open Monday-Friday, 9 am – 4:30 pm)

HSC, HS Instructional Building, Room 120 (open on Tuesdays 10 am -4 pm).

Name _____

Telephone Number _____ Email Address _____

You may submit the DS2019 request form and all required documents in electronic form unless you are paying by check or money order.

Send to Barbara Jones at barbara.jones@louisville.edu.

**To submit a hard copy form, please submit or mail the completed application and documents to
the International Center, ISSS, Brodschi Hall, Belknap Campus, University of Louisville, Louisville, KY 40292**

or

Hand deliver it to the HSC, HS Instructional Building, Room 120 on Tuesdays from 10 am – 4 pm.

If you have any questions, please contact one of the international advisors at 852-6604 or email intcent@louisville.edu.

Allow five working days for preparation of the Form DS2019.