

## Departmental Request for J-1 Exchange Visitor DS2019 Form

**Service Fee:** There is a **\$200** service fee per **new** Exchange Visitor DS2019 request and a **\$100** service fee for an **extension** request. Intra-University Departmental Transfer request for current UoFL scholars that are not requesting an extension are exempt from these fees. Please check below to indicate the method of payment for this request.

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

*If this Speedtype is from a Sponsored Program, a completed "Sponsored Programs Financial Administration Cost Transfer Justification Form" must be submitted with this request.*

Personal Check drawn from a U.S. bank account, Cashier's Check or Money Order made payable to the "University of Louisville."

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

**\*An Intra-University Transfer requires that the primary objective(s) for this exchange program remains concurrent to the original objectives. The exchange visitor must be conducting research, observing, or consulting in connection with a research project (22 CFR 62.4) as indicated on the DS2019 subject field.**

**\*Transfer Exchange Visitor within the U.S must 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 or sponsoring department will need to pick up the DS2019.**

**If this request is for someone who does not hold a J-1 visa, what is the current visa status?** \_\_\_\_\_. If they are subject to the 212(e) Home Residency Restriction, they must apply and be approved for the Waiver before a request for a change of status can be submitted or will need to leave the U.S. to apply for s J-1 Visa. Please visit the International Student & Scholars Service's website to obtain information on Change of Status information.

**If this is a request for an extension of a current UofL J-1 Exchange Visitor, you may skip this section.**

**1. Was the prospective participant physically present in the United States in any category of the J-1/J-2 status for all or part of 12-months period preceding the start date?**

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. Did the Exchange Visitor participate in the J-1 Professor or Research Scholar category in the last 24 months?**     Yes     No

*If Yes, and this request is for a New DS2019 in the Professor/Research Scholar category, please provide a copy of their previous DS2019 to determine if they are subject to the two year repeat participation rule. If so, the Exchange Visitor must wait 24 months between J programs to be eligible to begin a new program under the Professor/Research Scholar category. However, an option to participate under the Short-Term Scholar category is available without waiting the 24 months.*

**Biographical Information:** A copy of the Exchange Visitor's passport picture page is required to guarantee the accuracy of biographical information. If there are any dependents accompanying the exchange visitor, they must also submit a copy of their passport picture page.

**Category of Visitor:**      Professor      Research Scholar      Short-Term Scholar (maximum 6 months)

Surname/Primary Name \_\_\_\_\_ Given Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ (month/day/year)    Gender      Male      Female      Marital Status \_\_\_\_\_

Place of Birth or City 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 last 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, Vice 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 \$5,000 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

Program Information: Terms of Employment/Research or Visitation at the University of Louisville

UofL Department University Title

Subject/Field

Duties/Objectives (be succinct)

\*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 from the begin date to accommodate for processing, mailing, applying for the visa & travel. 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 (1) Professor and Research Scholar categories are from 3 weeks up to a total of 5 years (2) Short-Term Scholar category is allowed up to 6 months (3) Student Non-Degree category is allowed up to 24 months

Site of Activity: Departmental postal address and phone number of the scholar's program activities. Any changes in the site of activity must be reported to the ISSS office.

Work Address

Work Telephone

Financial: Salary information, if being paid by the University of Louisville

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

2. Are they eligible to purchase UofL insurance? Yes No

Annual Salary \$ for (per month) Total Salary for the period requested \$

If the Exchange Visitor is not being paid by the University of Louisville, please provide the funding source and amount. An official financial affidavit and a signed letter from the sponsoring agency or person detailing the amount, term, and duration of the award must accompany this request. If the Exchange Visitor is 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 dependent(s), an additional amount of \$5,000 per year must be provided.

The letter of sponsorship or bank statement must be submitted with this form.

Name of sponsor agency or person Total Amount: \$

Insurance Requirements: The Department of State requires that all Exchange Visitors and accompanying spouse and any dependents have insurance for sickness and accidents. They may also be subject to the requirements of the Affordable Care Act. The period of required coverage is the actual duration of the exchange visitor's participation in the sponsor's exchange visitor program as recorded in SEVIS. The policy must provide medical benefits 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 in the amount of \$50,000. [22 CFR 62.14]

If the exchange visitor is acquiring health insurance through UofL, they may only select EPO or PPO and will need to ensure that the repatriation of remains and medical evacuation is provided through the coverage. Proof of purchase of the insurance should be submitted by the start date of their program to ISSS.

### English Proficiency Requirements for J1 Exchange Visitors

**THE APPROPRIATE VERIFIABLE DOCUMENTATION OF PROOF OF ENGLISH PROFICIENCY MUST BE SUBMITTED WITH THE DEPARTMENTAL DS2019 REQUEST FORM.**

The Code of Federal Regulations [22 CFR 62.10] of the Exchange Visitor Program requires that the exchange visitor possesses sufficient proficiency in the English language, as determined by an objective measurement of English language proficiency, successfully to participate in his or her program and to function on a day-to-day basis.

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

- Native English Speaker:** English is the official language of the applicant's country of birth/citizenship as listed on [List of English Proficiency Requirements by Countries](#).  
Birth/Citizenship Country: \_\_\_\_\_
- Attached transcript or documentation verifying:**
  - \_\_\_1) Degree completion from an academic institution (earning a minimum of a 2.0 on a 4.0 grading scale) where English is the means of instruction, or
  - \_\_\_2) Documentation that the student or scholar attended a university for at least 1 year where English is the language of instruction, or
  - \_\_\_3) The candidate has taught University classes in English
- National recognized English language test such as TOEFL, IELTS or IBD. Exam must be taken within the last two years. The Chinese CET is not accepted test for proof of English Proficiency:**

*A copy of the official test results must be attached.*

Reading: \_\_\_\_\_  
 Listening: \_\_\_\_\_  
 Speaking: \_\_\_\_\_  
 Writing: \_\_\_\_\_

**Other Recognized English Language Test used:** \_\_\_\_\_

- Interview:** A documented interview conducted by the University of Louisville sponsoring faculty to evaluate the exchange visitor's English language abilities either in-person, by videoconferencing, or by telephone is acceptable. The home country supervising faculty may conduct the interview, but must ensure that the prospective exchange visitor is proficient in listening and speaking in the English language to perform day-to-day work duties and functions. *The documented evaluation must be attached to this form.*

The following information should be included in the **English Proficiency Written Evaluation Form:**

Date and length of the interview  
 Person's name who completed the interview and title  
 Topics addressed during 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:** A written statement on letterhead from a recognized English Language Department or English speaking professor of the home institution, or other English language school, verifying that the exchange visitor possesses English language proficiency high enough to function daily within the University of Louisville and within the local U.S. community. This letter must be written in English within the past 6 months. It should include the signature and title of the signed school official.
- The applicant has completed a recognized English language program and provided a certificate of completion showing proof of a sufficient level of English ability. *Supporting test results or certificates must be attached.*

Name of institution or school: \_\_\_\_\_

#### Approval signatures from the University of Louisville's 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 Department Contact Person:

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 directly to the Exchange Visitor using the department's speedtype.

Contact the following person when the DS2019 is ready for pickup. Please indicate where you wish to pick up the packet:

Belknap Campus, International Student & Scholar Services, Jouett Hall, second floor (Monday-Friday: 9 a.m.– 4 p.m.)

Health Sciences Center, Medical Instructional Bldg, Room 218 (Th: 9 a.m. - 3 p.m.)

Name \_\_\_\_\_

Telephone Number \_\_\_\_\_

Email Address \_\_\_\_\_

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**You may submit the DS2019 request form and all required documents in electronic form.**

**If you have any questions, please contact the ISSS office at 852-6604 or email [iss@louisville.edu](mailto:iss@louisville.edu).**

**Allow five working days for preparation of the Form DS2019**

**Checklist:**

- Service fee
- A copy of passport picture page
- An official financial affidavit showing proof of finances to cover the cost of attendance (if not funded by UofL)
- English Proficiency Requirement
- Five Point Letter (if Exchange Visitor is a Medical Doctor/Alien Physician in home country)
- Dependent information (if any)

**Transfer Exchange Visitors residing in the U.S.**

In addition to the above requirements, please also submit the following:

- Transfer-In Form
- A copy of most recent I-94
- A copy of current DS2019