

Departmental Request for J-1 Exchange Visitor Form DS-2019

Service Fee: There is a **\$250** service fee per **new** Exchange Visitor Form DS-2019 request and a **\$150** 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 Request: 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.**

***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 Form DS-2019 subject field.**

***Transfer Exchange Visitors within the U.S. must attach a copy of the most recent Form DS-2019, Form I-94 information, a copy of the passport picture page and 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 Form DS-2019 until the effective transfer date has arrived.**

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 they will need to leave the U.S. to apply for a J-1 Visa. Please visit the International Student and Scholar Service website on Change of Status to learn more.

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 Form DS-2019 in the Professor/Research Scholar category, please provide a copy of their previous Form DS-2019 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 the 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 \$7,500 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 _____

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

*Program start date reflects the first day of work at UofL. Please allow at least six weeks from the beginning date to accommodate for processing, emailing, and applying for the visa & travel. If there is a delay of arrival beyond the program start date listed above, please notify ISSS with a new start and end date. 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 \$7,500 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 spouses 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. The policy does include the minimum requirements for the repatriation of remains and medical evacuation. Proof of purchase of the insurance should be submitted by the start date of the 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, to successfully 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. **If this is for an extension request, you may skip this section.**

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 tests 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 Tests 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 schools, 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 J-1 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 the scholar wishes to receive the Form DS-2019:



Scan and email to the exchange visitor.

*Effective April 27, 2023, the Department of State permits an electronically transmit of the form DS-2019 [22 CFR 62.12(c) Distribution of Forms DS-2019].



Optional: Send the Form DS-2019 directly to the Exchange Visitor using the department's speedtype.



Optional: Contact the following person when the Form DS-2019 is ready for pickup. Please indicate where you wish to pick up the Form DS-2019:

Belknap Campus, International Student & Scholar Services, Jouett Hall, second floor (Monday-Friday: 8:30 am – 5:00 pm)

Health Sciences Center, Medical Instructional Bldg, Room 218 (By appointment)

Name _____

Telephone Number _____ Email Address _____

You may submit the Form DS-2019 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.

Checklist:

- Service fee
- A copy of the 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 the most recent Form I-94
- A copy of the current Form DS-2019