

Weber State University
International Student & Scholars Center SC143 (801)626-6853
DS-2019 Application for J-1 Exchange Visitors
(Revised 07/26/2011)

Section A: To be completed by the Exchange Visitor

The following information is collected in an order to issue the SEVIS DS-2019 document for you. The SEVIS DS-2019 document is required by the US embassy when you apply for a J-1 visa. The actual DS-2019 document can only be provided to the exchange visitor after sections A and B of this application are completed and turned in to International Student and Scholar Center.

Exchange Visitor's Name: _____
(Family Name) (Given Name) (Middle Name)

Male Female Date of Birth: _____
(MM, DD, YY)

City & Country of Birth: _____

Country of Citizenship: _____

Country of Permanent Legal Residence: _____

Position/Occupation in Country of Residence (Please be as specific as possible):

Educational Degree(s), provide specifics: _____

Dates of Appointment at WSU: From: ____/____/____ To: ____/____/____
(Scholars have a maximum of 3 years, and funds for the period above must be reasonably assured)

Weber State University Title (if applicable): _____

Position Description at WSU (if applicable): _____

Type of J-1 Visitor (Check Primary Activity)

- Student (May stay as long as pursuing a degree)
- Short term Student/ non-degree seeking (Cannot exceed six months)
- Short Term Scholar (Cannot exceed six months)
- Professor (May stay up to three years)
- Research Scholar (May stay up to three years)

If you selected one of student categories, you must also complete an international student application form found at [http://www.weber.edu/wsuiimages/SIS/\\$65%20application.pdf](http://www.weber.edu/wsuiimages/SIS/$65%20application.pdf)

Purpose of Request

- Begin a New J-1 Program
- J-1 Extension
- J-1 Transfer from another Institution
- J-2 Dependent of J-1 Student or Scholar (a separate form needs to be completed for each dependent)
- Reinstatement (Previously Violated Status)

Will you receive Salary from WSU? [] Yes [] No

Begin and end dates previous time in J status: ____/____/____ To: ____/____/____

If the exchange visitor is already at another institution OR has been in the United States in J status during the preceding 12 months, indicate on a separate sheet of paper the following: Visitor’s history including a copy of old DS-2019, sponsor category,(student, professor, researcher,...) and date of entry to the US. Attach a copy of the visitor’s passport & visa, both sides of the form I-94 and all previous DS-2019 documents. This is **REQUIRED** to determine eligibility.

Financial Guarantee:

Source and amount of exchange visitor’s financial support for the period while visiting the US must be sufficient. Be specific in the source and amount of funding and attach documentation for all financial support. (Letters from departments with specific amounts will suffice for WSU.) The required financial guarantee for all exchange visitors is: \$24,218 per year Undergraduate Student (includes ESL Fees); \$22,336 to \$25,612 (varies by the graduate program) per year Graduate Student; \$1000 per month Scholars; \$5000 per year Spouse; and \$2000 per year per Dependent.

Please complete the following as applicable.

- a. Funds from or administered by Weber State University: \$ _____
(The person who signs this form is responsible for assuring payment of these funds)
- b. Exchange Visitor’s Government (Attach Documents) \$ _____
- c. Other Organizations (including the US government) \$ _____
(Maximum of Two Organizations, Attach Documents)
- d. Personal Funds (Attach Documents) \$ _____

Dependent(s) Information:

Please complete the following **only** if your dependent(s) will accompany you on this visit. We are required to input this information into SEVIS as we request DS-2019 documents for you and each one of your dependents. Also include with your application a copy of your dependents passport information page.

Name	Relationship to scholar/visitor	Date of Birth	City and Country of Birth	Country of Citizenship

I agree to provide health insurance coverage for myself and any dependents during my stay in the United States (with the coverage as described in page four of this form and as outlined by the US Department of

State). Failure to meet this requirement will result in my termination from the Exchange Visitor Program and my right to stay in the United States.

Exchange Visitor's Signature: _____ Date: _____

Section B: To be completed by the Sponsoring Department

The university assumes responsibility of some magnitude in undertaking visa sponsorship for a J-1 visitor. The International Student and Scholar Center depends on sponsoring departments to help provide complete and accurate information about their visitor(s) and their funding. We, in turn, are responsible for guaranteeing the accuracy of this information to the US government. This form must be signed by the department chair or faculty member responsible for inviting the visitor. It must be returned to the International Student and Scholar Center prior to issuance of the DS-2019 document. If you have questions, contact the **International Student & Scholars Center SC143 (801)626-6853**.

I accept the responsibility for the accuracy of the information on this form, for sponsoring the scholar at WSU, and for reporting to the International Student and Scholar Center the arrival, cancelation and/or departure of the visitor from the university.

Responsible faculty member/department Chair name: _____

Title _____ Department _____

UMC _____ Extension _____ Email _____

Signature _____ Date: _____

Health Insurance Coverage:

- Will be provided by the department,
- Will not be provided by the department

It is the obligation of your department to see that the exchange visitor is covered by the insurance on or before the arrival date. Documentation proof must be brought to the SIS within three days of arrival, or the department will be responsible for any medical expenses incurred by the Exchange Visitor. The Services for International Students Office encourages the departments to collect and submit the health insurance form along with this request for DS-2019.

Dept. Chair Signature: _____ Date: _____

Health Insurance Coverage:

Currently, the US department of State requires a minimum coverage of medical benefits of at least \$50,000 per person per accident or illness; repatriation of remains in the amount of \$7,500; and expenses associated with medical evaluation in the amount of \$10,000. The maximum deductible per accident or illness on the policy can not exceed \$500. Willful failure on part of the exchange visitor to maintain the required health insurance will result in termination of exchange program

Social Security Number:

A J-1 scholar can not receive any payment from WSU (if applicable) until he/she has obtained a Social Security Number. Application for Social Security Number must be made after arrival in the U.S. The card typically takes six to eight weeks to process after applying. Also, it is no longer possible to issue any money (payroll, check, nor honorarium) without a Social Security Number.