



J-1 Exchange Visitor Application for DS-2019

The International Student and Scholar Center needs the following information to issue the SEVIS DS-2019 document. The DS-2019 is required by the U. S. embassy when you apply for a J-1 visa. All required documents must be original and written in English. There is a \$95 application fee. Please pay [here](#)

Personal Information:

Name: _____
(Please write exactly as in your passport)

Date of Birth: _____ ☐ Male ☐ Female Email: _____
MM/DD/YYYY

Country of Birth: _____ City of Birth: _____

Country of Citizenship: _____ Country of Legal Permanent Residence: _____

Permanent Home Country Address: _____
_____ Home Phone Number: _____

Position/Occupation in Country of Residence: _____
e.g. Professor, Researcher, Student

Educational Degree (s): _____
e.g. Bachelor, Masters, PhD

Program Information

Dates of Appointment at Weber State University: From: ____/____/____ to: ____/____/____

Check primary activity:

- | | |
|---|---|
| <input type="checkbox"/> Professor (may stay up to five years) | <input type="checkbox"/> Research Scholar (may stay up to five years) |
| <input type="checkbox"/> Short Term Scholar (cannot exceed six months) | <input type="checkbox"/> Specialist (may stay up to one year) |
| <input type="checkbox"/> Student Intern (must be pursuing a degree in a foreign institution, may stay up to 1 year; DS 7002 required) | |

The EV will be engaged in the following activity: _____

Briefly explain the focus of the program

Purpose of Request

- | | |
|---|---|
| <input type="checkbox"/> Begin a new J-1 program | <input type="checkbox"/> J-1 Transfer from another institution |
| <input type="checkbox"/> Begin a new J-1 Category | <input type="checkbox"/> J-2 Dependent of J-1 Student or Scholar (a separate form must be completed for each dependent) |
| <input type="checkbox"/> J-1 Extension | <input type="checkbox"/> Reinstatement (Previously violated status) |



WEBER STATE UNIVERSITY

International Student & Scholar Center

Previous time in J program/s: ☐ No ☐ Yes Dates from: _____ to _____
MM/DD/YYYY MM/DD/YYYY

If the exchange visitor is already at another institution OR has been in the United States in J status during the preceding 12 months, please indicate on a separate sheet of paper the following: Visitor's history including a copy of old DS-2019, sponsor category (student, professor, researcher, etc.) 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 amount for exchange visitors:

\$2500 per month for Scholars; \$5,500 per year per spouse; and \$3,000 per year per child dependent.

Please complete the following as applicable.

Funds from or administered by Weber State University (The person who signs this form is responsible for assuring payment of these funds)	\$ _____
Exchange Visitor's Government (attach documents)	\$ _____
U.S. Government Agency _____	\$ _____
Other Organizations (Maximum of two organizations –please attach documents)	\$ _____
Exchange Visitor's personal Funds (attach documents)	\$ _____

Required Additional Documentation

- | | |
|--|--|
| <input type="checkbox"/> ID page of EV's passport (copy) | <input type="checkbox"/> Funding Source |
| <input type="checkbox"/> Proof of EV's Qualification | <input type="checkbox"/> Proof of English Language Proficiency |
| <input type="checkbox"/> Student Intern | |

* Provide letter from home institution stating how internship will fulfill educational objectives for current degree program and the student's intent to return to home institution to complete degree.

*Complete **DS 7002- Training Placement Plan**. Intern must sign form as well.

*A written evaluation of the intern's performance at the end of the program. If program is longer than six months, provide a midpoint and concluding evaluation.



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. *Please also include a copy of your dependents' passport information page.*

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

Additional Information for dependents

- ☐ Copy of biographical page from passport ☐ Proof of financial support
- ☐ Relationship to Exchange Visitor—copy of marriage and/or birth certificate

Health Insurance

- ☐ Will enroll in WSU International Student/Scholar Health Insurance Plan
- ☐ Will be provided by the Scholar's home institution
- ☐ Will be provided by WSU department

The U.S. Department of State requires a minimum coverage of medical benefits of at least:

- \$100,000 per person per accident or illness
- Repatriation of remains in the amount of \$25,000
- Medical evacuation in the amount of \$50,000.
- The maximum deductible per accident or illness on the policy cannot exceed \$500.

Willful failure on part of the Exchange Visitor to maintain the required health insurance will result in termination of exchange program.
All Exchange Visitors and their dependents must have health insurance coverage throughout the duration of their stay.

I agree to provide health insurance coverage for myself and any dependents during my stay in the United States (with the coverage as above). 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: _____