

**INTERNATIONAL OFFICE  
Form DS-2019 Request**

**As the sponsoring department, you are required to complete this document in its entirety and to supply all documentation as listed in the checklist. It is important that you read the instructions and understand the departments' obligations when sponsoring an exchange visitor.**

**Section I.**

**Purpose of this Request**

*(Select the purpose of this request below and complete all fields within that selection)*

<input type="checkbox"/> <b>Begin New J-1 Program</b> <input type="checkbox"/> Exchange visitor will apply for J-1 visa at US consulate/embassy abroad <input type="checkbox"/> Exchange visitor is in the US and will submit request to change status within US  <i>Note: Exchange visitor may enter US 30 days before DS-1019 start date. If exchange visitor is in the US, include copies of immigration documents (latest I-94, visa, I-20, DS-2019, passport).</i>	<b>Start Date:</b>   <b>End Date:</b>
<i>Has exchange visitor held J-1 or J-2 status in past two years preceding requested program? If yes, include copies of all previous DS-2019/AIP-66 documents and J visa from the past two years.</i>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

<input type="checkbox"/> <b>Extend Current J-1 Program</b> Has J-1 applied for 212 (e) [two-year residency requirement] waiver?  Has DOS waiver recommendation been received?  Is this extension within the maximum of 5 years for research scholar/professor <i>(If yes, see instructions for requirements)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Current End Date:</b>   <b>Requested End Date:</b>
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<input type="checkbox"/> <b>Transfer J-1 Program to UM-Dearborn</b> Transfer-in Request Form will be sent by IO to exchange visitor's email address as listed in Section II. Exchange visitor and current sponsoring institution must complete Transfer-In Request and return it to IO as directed before IO may process Form DS-2019.  <i>Note: Include copies of all DS-2019/AP-66, I-94, visa</i>	<b>UM-D Start Date:</b>   <b>End Date:</b>
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<input type="checkbox"/> <b>Amend Data</b> <input type="checkbox"/> Change UM-D Department <input type="checkbox"/> Change/Update Funding	<input type="checkbox"/> Change Site of Activity <input type="checkbox"/> Add Additional Site of Activity <input type="checkbox"/> Correct Data
Comments:	

**Section II.**  
**(J-1) Exchange Visitor Data**

<b>First/Given Name:</b> _____		<b>Middle Name (if any):</b> _____		
<b>Last/Family Name:</b> _____				
<b>Gender:</b>	<input type="checkbox"/> Male	<b>Date of Birth:</b>	_____	_____
	<input type="checkbox"/> Female		<i>Month</i>	<i>Date</i>
<b>City of Birth:</b> _____		<b>Country of Birth:</b> _____		
<b>Country of Citizenship:</b> _____		<b>Country of Permanent Residence:</b> _____		
<b>Last Position or Occupation:</b> <i>(in country of Permanent Residence)</i> <i>(If student, specify level)</i>				
_____				
<b>Institution/Organization :</b> <i>(where position/occupation was held)</i>				
_____				
<b>Residential Address (in Country of Permanent Residence):</b>		<b>Email Address:</b> _____		
		<b>Home Country Phone #:</b> _____		
		<b>Social Security # (if any):</b> _____		
		<b>UM-Dearborn ID # (if any):</b> _____		
		_____		

**Section III.**  
**(J-2) Dependent Data**  
*(Exchange visitor's non-US citizen spouse and children under 21 are eligible to obtain J-2 dependent status)*

	Dependent 1	Dependent 2	Dependent 3	Dependent 4	Dependent 5
<b>Relationship to J-1</b> <i>(wife, son, etc)</i>					
<b>First Name</b>					
<b>Middle Name</b>					
<b>Last Name</b>					
<b>Birth Date</b> <i>(Month/Date/Year)</i>					
<b>Birth City</b>					
<b>Birth Country</b>					
<b>Citizenship Country</b>					
<b>Permanent Residence Country</b>					
<b>UM-Dearborn ID #</b> <i>(if any)</i>					

**Section IV.**  
**J-1 Program Information**

**Exchange Visitor Category** (select one)

- Research Scholar (minimum program 3 weeks, maximum 5 years)
- Professor (minimum 3 weeks, maximum 5 years)
- Short-Term Scholar (No minimum, maximum 6 months)
- Specialist (minimum 3 weeks, maximum 1 year)

**Major Subject/Field:** \_\_\_\_\_

**Specialty within Field:** \_\_\_\_\_

Is the exchange visitor a physician (M.D.)?  Yes  
(If yes, include No/Incidental Patient Care letter (see  No  
instructions)

**Site of Activity:**  
(where exchange visitor will work/research)- Department of: \_\_\_\_\_

**Street Address:** \_\_\_\_\_

Will EV be employed by UM-D?  Yes  
 No

**Section V.**  
**Funding Source(s)**

(Please specify the funding for the duration of this request. Form DS-2019 may only be issued given documented guaranteed funding that meets the standard requirements below. Note: Form DS-2019 will show total funding of entire J-1 program.)

		<u>Amount</u>
<input type="checkbox"/>	<b>University of Michigan-Dearborn</b> Does any of this funding come from a US governmental agency for the purpose of facilitating international exchange or supporting this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Note: If yes, include grant documentation</i>	\$
<input type="checkbox"/>	<b>Non-UM-Dearborn Funds – Specify source(s)</b> <i>Note: Documentation must be included for all non-UM-Dearborn funding. It must be translated into English and converted to US currency. See instructions for all requirements.</i>	\$
		\$
		\$
<b>Total funding for requested time period:</b> (Must meet minimum living expense requirement as listed below)		\$
Exchange visitor with no J-2 dependents	Exchange visitor with one dependent	Exchange visitor- two or more dependents
Minimum: \$1,500 /month (\$18,000/Year)	Minimum: \$2,000/month (\$24,000/year)	Minimum: \$2,200/month (\$26,400/year)

**Section VI.**  
**Documentation Checklist**

- Passport picture page (if any) for J-1 and J-2 dependents.
  - Financial documentation for all non-UM funding source(s).  
*or*
  - Grant documentation for funding that comes from a US governmental agency for the purpose of facilitating international exchange or supporting EV.
  - English Proficiency  
*If exchange visitor is a student, attach TOEFL scores of 220 (computer based) or 560 (paper based) for graduate students and 211 (computer based) or 500 (paper based) for undergraduate students or a written waiver from sponsor stating that, based on an interview, the students English proficiency is equivalent to TOEFL scores listed above.*  
*or*  
*If exchange visitor is a professor, scholar or researcher, the sponsor is responsible to ensure the EV's English Proficiency is sufficient to function in the capacity requested.*
- If exchange visitor is currently in the US:*
- Attach copies of I-94 card, visa, DS-2019/I-20 (if any).
- If exchange visitor has held J-1 or J-2 status within past two years:*
- Attach copies of all DS-2019/IAP-66 and J visa.
- If exchange visitor is an M.D.:*
- Attach No-Incidental Patient Care Statement.
- For extensions within the 5 year maximum duration (Professor/Research Scholar only, see instructions):*
- Discretionary extension by IO.  
Attach supporting letter by exchange visitor's supervisor.

**Section VII.**  
**Completion Information**

*(Upon completion of Form DS-2019, the International Office should [choose one]):*

- Place at front desk of International Office for department pick-up.**  
*(International Office will notify Administrative Contact.)*  
*or*
- Send Form DS-2019 Federal Express to exchange visitor.**  
*(Provide complete shipping address for Federal Express and a shortcode)*

Shipping Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section VIII.**  
**Departmental Certification**

**PLEASE READ BEFORE SIGNING BELOW. (Original signatures must be present)**

*In compliance with the federal regulations governing the J-1 Exchange Visitor Program, you are certifying that all of the information given on this form is true and accurate to the best of your knowledge. Your signature below also indicates that you have read, understand and agree to follow the Departmental Responsibilities for hosting the exchange visitor.*

**Department Administrative Contact Information**

Name: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

Title: \_\_\_\_\_

Department: \_\_\_\_\_

Room & Bldg.: \_\_\_\_\_

\_\_\_\_\_  
**Signature of Department Administrative Contact**

\_\_\_\_\_  
**Date**

**Inviting/Supervising Faculty Member Information**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Department: \_\_\_\_\_

Room & Bldg.: \_\_\_\_\_

\_\_\_\_\_  
**Signature of Inviting/Supervising Faculty Member**

\_\_\_\_\_  
**Date**

**Dean/Director/Chair Information**

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Room & Bldg.: \_\_\_\_\_

\_\_\_\_\_  
**Signature of Inviting/Supervising Faculty Member**

\_\_\_\_\_  
**Date**