

# BAYLOR UNIVERSITY

## CENTER FOR INTERNATIONAL EDUCATION

International Student and Scholar Services (ISSS)

One Bear Place #97381

Waco, Texas 76798

Tel: (254) 710-1461 Fax: (254) 710-1468

## DS-2019 REQUEST FORM

### A CERTIFICATE OF ELIGIBILITY FOR EXCHANGE VISITOR (J-1) STATUS

Use this form to request a certificate of eligibility for exchange visitor (J-1) status. This form should be submitted to International Student and Scholar Services (ISSS) by the prospective exchange visitor.

Before entering the United States, an exchange visitor must obtain a **J-1** exchange visitor visa from the nearest U. S. embassy or consulate. To obtain the visa, Baylor University must first issue a Certificate of Eligibility for Exchange Visitor (J-1) Status, referred to as **Form DS-2019**.

This request form will provide the necessary information to issue the DS-2019. It will be mailed to the exchange visitor as soon as possible by the sponsoring department. In order to process your request, we must have all of the following before the DS-2019 will be issued; incomplete forms CANNOT be processed:

- Notification that Baylor's Visiting Scholar/Scientist Agreement has been completed, signed and approved (initiated by the department for all scholars who are not FT Baylor employees)
- Scholar's DS-2019 Request Form completed and submitted
- Department's DS-2019 Request Form must be completed and submitted
- Invitation letter from the department, detailing the visitor's research/work and any Baylor compensation
- All documents verifying financial support must be emailed to ISSS (i.e., letters of support from home university or government, BU's invitation letter, bank statement for personal funding, etc.)
- Copy of the exchange visitor and dependent's passport ID page
- Copies of all past DS-2019 forms (if transferring)

**Please Note: Exchange Visitors MUST report to International Student and Scholar Services (ISSS) upon arrival, in Poage Library, Rm 208, to copy documents and validate SEVIS record.**

## 1. BIOGRAPHICAL INFORMATION

(Please provide information as it appears in your passport.)

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Year: \_\_\_\_\_

City of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Country of permanent residence: \_\_\_\_\_

Position or occupation in home country: \_\_\_\_\_

Purpose of Request:

New  
J-1 extension  
J-1 transfer from another institution  
Family DS-2019  
Reinstatement

Exchange Visitor will be:

Research Scholar  
Visiting Professor  
Short-Term Scholar  
Student

Have you ever held J-1 status before?

No Yes, Entry date: \_\_\_\_\_ SEVIS #N \_\_\_\_\_

Entry date: \_\_\_\_\_ SEVIS #N \_\_\_\_\_

## 2. DEPENDENT INFORMATION

**\*\*To be completed *only* if you wish to bring a spouse and/or child to the United States to live with you (not visit). If no dependents will be coming to the United States, leave blank.**

<u>Name</u> (Last, First, Middle)	<u>Date of Birth</u> (mm/dd/yyyy)	<u>Relationship</u>	<u>Gender</u>	<u>Country</u> <u>of Citizenship</u>	<u>City of Birth</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Dependents will: (select one)

Travel with me (their names will be included in the initial DS-2019)  
Travel separately (will receive a separate DS-2019 later)  
Travel with me at a later date (will receive a separate DS-2019)

### 3. DOCUMENTATION OF FINANCIAL SUPPORT

Federal regulations require us to obtain certification that there are adequate financial resources to meet all expenses related to exchange visitor's program. Identify below each source of funding and the amount of financial support provided during the entire period of stay. **All documents verifying financial support must be emailed.**

#### **Minimum Support needed for living expenses:**

Exchange Visitor: **\$21,000 (\$1,750/month)** Spouse: **\$6,000 (\$500/month)** Each Child: **\$4,000 (\$333/month)**

	Name Source	Amount
Baylor funding (salary, grants, etc.) These funds have have not been received from U.S. gov't for int'l exchange		\$ _____
The Exchange Visitor's government (Ex. Scholarships)		\$ _____
Other sources (specify: home university, international organization, etc.)		\$ _____
Personal funds of the visitor (email bank statements)		\$ _____

### 4. INSURANCE - Health Insurance costs are in addition to the living expenses above

Baylor employee - full-time, paid by Baylor and eligible for health insurance benefit.

All other scholars (part-time BU employees and/or those with outside funding) must purchase Baylor's mandatory J-1 health insurance policy and for all accompanying dependents. Insurance must be **purchased and in effect, 10 days before your arrival at Baylor** or your SEVIS record will be terminated.

[Click For Enrollment Form](#)

### 5. SCHOLAR'S MAILING ADDRESS, TELEPHONE & EMAIL

Provide the exact address to which the DS-2019 should be mailed:

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Alternate E-mail: \_\_\_\_\_