BAYLOR UNIVERSITY

CENTER FOR INTERNATIONAL EDUCATION

International Student and Scholar Services
One Bear Place #97381
Waco, Texas 76798
Tel: (254) 710-1461 Fax: (254) 710-1468

REQUEST FOR Form DS-2019 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. The form should be submitted to International Student and Scholar Services by the requesting department.

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," commonly 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.

In order to process your request, we must have the following. Incomplete forms CANNOT be processed.

- 1. Request for Form DS-2019 filled out completely
- 2. Invitation letter from the department detailing the visitor's research/work and compensation while at Baylor
- 3. Proof of financial support (information my be contained in the invitation letter if employed at Baylor
- 4. Copies of all past DS-2019 forms (if transferring)
- 5. Copy of the exchange visitor's passport ID page

NOTA BENE: Department should be in touch with the Payroll Office prior to bringing in ANY international visitor if compensation of any type is involved.

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1. BIOGRAPHICAL INFORMATION

| (Please provide information as it appears in your passport.) | | | | | |
|---|--|--|--------------------------------|--|--|
| Surname: | Given Name: | | | | |
| Male: Female: | Date of Birth: | Y | 'ear: | | |
| City of Birth: | Count | ry of Birth: | | | |
| Country of Citizenship: | Country of permanent residence: | | | | |
| Position or occupation in home country: | | | | | |
| Purpose of Request: | | Exchange Visitor will be: | | | |
| New J-1 extension J-1 transfer from another insti Family DS-2019 Reinstatement | tution | Research Scholar Short-Term Schol Student Specialist Trainee | ar | | |
| Have you ever held J-1 status before? | | | | | |
| No Yes, Entry date: | SEVIS # | N | | | |
| Entry date: | SEVIS #1 | N | | | |
| Entry date: | SEVIS # | N | | | |
| 2. DEPENDENT INFORMATION | | | | | |
| **To be completed only if you wish to be dependents will be coming to the United S | | child to the United States to li | ve with you (not visit). If no | | |
| Name Date of Birt (mm/dd/yyy | <u>h</u> <u>Relationship</u> <u>(y)</u> | Gender Country of Citizenship | City of Birth | | |
| | | | | | |
| 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) Travel with me at a later date (will receive a separate DS-2019) | | | | | |

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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. For funding sources other than this institution, please provide evidence of support.

| Appointed/Salary | Salary Hourly funds paid through Baylor University | | | |
|-----------------------------------|--|---|----|--|
| These funds | have | have not been received from U.S. gov't for int'l exchange | \$ | |
| | | | | |
| The Exchange Visitor's government | | \$ | | |
| | | | | |
| Personal funds of t | he visitor | | \$ | |
| | | | | |
| Other sources (spe | cify) | | \$ | |

4. INSURANCE

Baylor University will provide BCBS coverage during stay (if paid through Baylor)

Exchange Visitor's Sponsor/Government (certify)

If you are not paid through Baylor, you must provide proof of sponsored or employer insurance that meets or exceeds Baylor's requirements by your arrival date **OR** purchase the J Scholar insurance on Baylor's Website: https://www.academichealthplans.com/baylor/Default.asp.

5. SCHOLAR'S MAILING ADDRESS, TELEPHONE & EMAIL

| Provide the exact address to which the DS-2019 should be mailed: | | | | | | |
|--|----------------------|--|--|--|--|--|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Telephone: | Alternate Telephone: | | | | | |
| E-mail: | Alternate E-mail: | | | | | |

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^{**}A copy of the evidence of financial support must accompany this form. **Minimum amounts for 12 months' stay are as follows:** Exchange Visitor: \$12,000 (plus tuition, fees, and books if Exchange student) Spouse: \$4,500 Other Dependents: \$3,500

6. ACADEMIC PROGRAM INFORMATION

| Supervisor in host department: | | |
|--|---------------|------------|
| Telephone: | Fax: | |
| E-mail: | | |
| Scholar's duration of stay: | (mm/dd/yy) to | (mm/dd/yy) |
| Field of study, research, or teaching: | | |
| | | |
| | | |
| Brief description of program: | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| 7. APPROVAL SIGNATURES: | | |
| Department Head: | | |
| Department Address: | | |
| Department Phone: | | |
| Budget Head: | | |
| Supervisor: | | |
| Date: | | |
| | | |

<u>*Please note</u>: Exchange visitor must report to the office of International Student and Scholar Services, Poage Library, Rm. 208, upon arrival and before going to the offices of Payroll/Benefits/Personnel.

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