

**DS-2019 REQUEST FORM: BEGIN NEW PROGRAM—DEPARTMENTAL SECTION**

**This form must be completed by the department, not by the exchange visitor.**

**To provide Form DS-2019 Certificate of Eligibility for J-1 Exchange-Visitor Immigration Status (formerly Form IAP-66) , OIES must have the following:**

- University appointment letter describing Exchange Visitor program
- Completed APPLICANT SECTION (page 3—attached)
- Copy of applicant's resume or curriculum vitae
- Copy of applicant's passport information page(s), including photo, biographical information and expiration date
- Copy of passport information page(s), including photo, biographical information and expiration date for any J-2 dependent(s)
- Financial Documentation **Please see below for ANNUAL MINIMUM FUNDING REQUIREMENTS FOR J-1 EXCHANGE VISITORS**
  - TJU Payroll: Copy of Position Authorization Request (PAR)
  - Non-TJU payroll: original financial documentation from funding source in English (or with certified translation), converted to US\$.
- For J-1 Program Transfer:** copy of I-94 card AND copy/copies any/all IAP-66 or DS-2019 forms previously issued to Exchange Visitor
- Completed **DS-2019 REQUEST FORM**, including signatures from Supervisor and Department/Division chair

ANNUAL MINIMUM FUNDING REQUIREMENTS FOR J-1 EXCHANGE VISITORS	EFFECTIVE September 2002		
	With health insurance included	Without health insurance included	
Note: Employees must be paid according to job descriptions and titles at rates determined by Compensation in the Department of Human Resources. The figures on this chart represent the minimum for immigration paperwork only. Additional funds can be provided through the J-1's personal bank statements. Self-funded individuals must be able to prove they have these funds.	J-1 only	\$20,500	\$21,000
	J-1 and 1 Dependent	\$24,500	\$27,000
	J-1 and 2 Dependents	\$26,500	\$29,000
	J-1 and 3 Dependents	\$28,500	\$30,000

**Exchange Visitor Personal Information**

NAME: Family	First/Personal	Middle
Native Language: _____ <input type="checkbox"/> Applicant has sufficient English proficiency <input type="checkbox"/> Applicant will seek English instruction in US		
U. S. Office/Lab Address where Exchange Visitor can be reached during his/her program		U. S. Office/Lab phone # including area code

**The applicant named above needs Form DS-2019 to:**

<input type="checkbox"/> <b>Begin a New Program</b> Applicant is not yet in the U. S.
<input type="checkbox"/> <b>Requesting Change of Status to J-1 to Begin New Exchange Visitor Program</b> Applicant is in U. S. in a non-immigrant status other than J-1. Please attach CLEAR copy of I-94 card.
<input type="checkbox"/> <b>Transfer to TJU Exchange Visitor Program</b> Applicant is in the U. S. under the sponsorship of another J-1 Exchange Visitor Program. Please attach CLEAR copy of I-94 card AND CLEAR copy/copies any/all IAP-66 or DS-2019 forms previously issued to Exchange Visitor
<input type="checkbox"/> <b>Other:</b>

Exchange Visitor Program Information	Program period requested based on guaranteed funding (may not exceed one year)							
	From	Month	Day	Year	To	Month	Day	Year
Researcher /Scholar (maximum three year program)								
Student (maximum seven year program)								

Position Title (post-doc, visiting scholar, etc.): \_\_\_\_\_

Department (and Division): \_\_\_\_\_ Area of Concentration: \_\_\_\_\_

**Special Note for Medical Doctors: To be eligible for a J-1 under our particular institutional J-1 program, it must be clear that absolutely NO patient contact or care is involved nor will be undertaken. Verification of this may be requested in writing by the Department of State and/or from the Immigration and Naturalization Service (INS).**