DEPARTMENT--Please return this form to: Thomas Jefferson University Office of International Exchange Services 1020 Locust Street, M-70 Jefferson Alumni Hall, Philadelphia, PA 19107-6799

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

Department (and Division):

215-503-4335/4024/4023 Fax: 215-503-4334 oies@mail.tju.edu www.jefferson.edu/oies

## 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). OUES must have the following:

University appointmen Completed APPLICAN Copy of applicant's res Copy of applicant's par Copy of passport information P TJU Payroll: Copy Non-TJU payroll: For J-1 Program Tran Completed DS-2019 Ri	t letter de IT SECT ume or cu ssport inf mation pa lease see y of Posit original: nsfer: cop	scribing Exch ION (page 3— urriculum vita ormation page (ge(s), including below for Al- tion Authorization financial documpy of I-94 care	ange Visitor pro- attached) e e(s), including p ng photo, biogra NNUAL MINIA tion Request (P mentation from d AND copy/co	hoto, biogram hoto, biogram hotolical infor MUM FUN AR) funding sou	mation and expi DING REQUIR arce in English (of IAP-66 or DS-20	on and expirat ration date for EMENTS FO or with certification of the ce	tion date tany J-2 depend OR J-1 EXCHA and translation), of the distribution of the second se	ANGE VIS	to US\$.	
ANNUAL MINIMUM FUNDING REQUIREMENTS						EFFECTIVE September 2002				
FOR J-1 EXCHANGE VISITORS  Note: Employees must be paid according to job descriptions and titles at rates determined by						With	With health insurance included		Without health insurance included	
Compensation in the Der			lesources.	J.	-1 only	\$20	0,500		\$21,000	
The figures on this chart immigration paperwork of				J-1 and	1 Dependent	\$24	\$24,500		\$27,000	
provided through the J-1	's persor	nal bank state	ements.	J-1 and	2 Dependents	\$26	6,500		\$29,000	
Self-funded individuals must be able to prove they have these funds.				J-1 and	3 Dependents	\$23	\$28,500		\$30,000	
			Exchange	Visitor Per	sonal Informati	on				
NAME: Family First/Persona							Middle			
					ent English profici	ency	ncy Applicant will seek English instruction in US			
U. S. Office/Lab Address w	fice/Lab Address where Exchange Visitor can be reached during his/her program  U. S. Office/Lab phone # including area code									
		The	applicant nai	ned above	needs Form I	S-2019 to:				
Begin a New Program A		•								
Requesting Change of St Please attach CLEAR copy			Exchange Visito	or Program	Applicant is in U. S	S. in a non-imm	igrant status other	r than J-1.		
Transfer to TJU Exchange Please attach CLEAR cop								Visitor		
Other:	y 011-5+0	ard rand CEE	ис соругсориез иг			previously issue	ou to Exchange v	151101		
			Program perio	d requested b	pased on guarante	ed funding (ma	av not exceed on	e vear)		
Exchange Visitor Program Information	From	Month	Day		Year To	Month		Day	Year	
Researcher /Scholar (maximum three year program)						Lecturer (maximum three year program)				
Student (maximum seven year program)					Short Term Scholar (maximum six month program)					

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).

Page 1 of 3

Rev. 2/03 EMC

Area of Concentration: