

Office of International Programs - University of Illinois Springfield

Request for Procurement of J-1 Exchange Visitor Document DS2019

To Be Completed by Sponsoring Department/College

All Information Requested is Essential Unless Otherwise Indicated

The Department/College of _____ proposes to sponsor the following individual as an Exchange Visitor:

1) Family Name _____ First _____ Middle _____

2) Title of address: Dr. ___ Prof. ___ Mr. ___ Ms. ___

3) Married: Yes ___ No ___

4) Male ___ Female ___

5) Date of Birth: M/D/Year ___/___/____

6) City of Birth: _____

7) Province/State of Birth: _____

8) Country of Birth: _____

9) Legal Permanent Resident of: _____ (not necessarily the country in which he/she resides. Please confirm.

10) Alien's current mailing address:

11) Alien's E-mail address (if applicable): _____

12) Alien's Telephone Number(s): _____

13) Number of dependents (j2s) accompanying visitor (only spouse and children under 21 qualify):

Visitor is responsible for the expenses of the dependents.

14) Current position title and employing institution in country of legal permanent residence. If not employed, say so. If a student, give level of study and name of educational institution.

15) Initial visit period from: M/D/Year ___/___/____ to M/D/Year ___/___/____

16) Proposed activity at UIS: Research ___ Teaching ___ Other _____

17) Title of proposed UIS position: Visiting Scholar ___ Postdoctoral Research Associate ___ Other _____ NOTE: the J1 visa may not be used for tenure-track positions.

18) Specialized fields(s) of activity at UIS: _____

19) Estimated financial support to the alien from all sources for the period specified in # 15:

Minimum acceptable amounts of monthly support not to include airfare are \$1000 per month for the J1 and an additional \$500 per month for the spouse and \$250 per month per child

UIS funding: \$ _____ per month __ year __ other _____

Is UIS funding coming from any government agency? Yes __ No __

If yes, is funding specifically designated for international exchange? Yes __ No __

If yes, name of Agency: _____

Non-UIS funding direct to alien from:

a) U.S. Government Agency \$ _____ per month __ year __ other _____

b) International Organization \$ _____ per month __ year __ other _____

c) Exchange Visitor's Government \$ _____ per month __ year __ other _____

d) Fulbright Comm. \$ _____ per month __ year __ other _____

e) Other Organization \$ _____ per month __ year __ other _____

f) Personal Funds* \$ _____ per month __ year __ other _____

Attach official verification from funder to confirm amounts and dates of funding. Personal funds must be verified via bank statements and notarized statements of funder if not self.

20) Department/College contact: _____

Address _____ Phone _____

Fax _____ E-mail _____

21) Has the alien been in the U.S in J1 or J2 status at any time during the last 12 months?

Yes __ No __ if yes, please attach copies of all DS2019 forms relating to that J program.

22) Is this person in the U.S. at present?

Yes __ State type of status, such as H1, F1, etc. _____

Attach copies of his/her I94 and relevant visa papers (copy of passport, visa, and DS2019, I20 for example)

Check One: __ will leave U.S. and reenter in J1 status.

__ will remain in the U.S. and change status or transfer from other J program

No __

23) For accompanying J2 dependents:

| Name (family, first, middle) | Relationship | Date of Birth (M/D/Year) | Place of Birth City/Province/Country | Country of Legal Permanent Residence |
|------------------------------|--------------|--------------------------|--------------------------------------|--------------------------------------|
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24) Please attach a description of the proposed research or teaching activity, etc.:

25) The credentials of this prospective exchange visitor have been evaluated. He/she has a minimum of a bachelor's degree plus experience in the field and is considered to be qualified to pursue the objectives described. Yes ___ No ___

26) Language Assessment:

Check one: ___ N/A. English is his/her first language.

___ Visit will be for no more than one month. English assessment not required.

___ I have determined that _____ has sufficient English language proficiency to enable him/her to successfully carry out the activities described above and to have an enriching cross-cultural experience. His/her language ability has been determined by the following method:

___ Previous interactions with visitor.

___ Personal interview/telephone conversation

___ Written communication

___ Other _____

I will help this individual accomplish the objectives of his/her J program. I understand that he/she must consult with the Office of International Programs before making any changes in the activities described on this form. I understand that the regulations of the J1 program restrict this individual's employment possibilities and that his/her options for taking classes are limited.

I confirm that I have read the **Hosting visiting international faculty/scholars for extended stays** document prepared by the Office of International Programs and understand my responsibilities and those of OIP.

Signature of host _____ Date _____

Name of host _____ Phone _____

Campus Address _____ Email _____

Signature the host's Dean or Supervisor _____ Date _____