

**Part I. Information about SIU Host Department**

1. Host School:	2. Host College:
3. School Contact Name:	4. Title:
5. SIU Email:	6. Phone No.:

**Part II. Purpose and Category**

<p>7. This form is being completed for: (check all that apply)</p> <p>a. <input type="checkbox"/> initial DS-2019 – The exchange visitor (EV) is overseas and will be applying for a U.S. visa abroad.</p> <p>b. <input type="checkbox"/> initial DS-2019 - The EV is in the U.S. in another immigration category and will apply for a change of status.</p> <p>c. <input type="checkbox"/> the EV is in J-1 status at another U.S. institution and will transfer to SIU.</p> <p>d. <input type="checkbox"/> the EV is with another SIU school and will transfer to our school.</p> <p>e. <input type="checkbox"/> extension of current appointment without change.</p> <p>f. <input type="checkbox"/> facilitating entry of spouse and/or children to the U.S.</p> <p>g. <input type="checkbox"/> other: _____</p>	<p>8. The EV category will be a:</p> <p>a. <input type="checkbox"/> short-term scholar (Six-month maximum stay)</p> <p>b. <input type="checkbox"/> non-degree student (between 3 weeks and 2 years and must be enrolled full-time in a Prescribed Course of Study)</p> <p>c. <input type="checkbox"/> professor (Five-year maximum stay)</p> <p>d. <input type="checkbox"/> research scholar (Five-year maximum stay)</p> <p>Note: Individuals having had J-1 status longer than 6 months within the past 12 months are ineligible for c &amp; d categories. Individuals having had J-1 in c or d categories within the past 24 months are ineligible for a new c or d.</p>
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**Part III. SIU Position Information**

9. EV's Family Name:	Middle Name:	Given Name:
10. Title:	11. Discipline:	
12. Program Dates, from:	to:	13. Site of activity:
14. Major activities (Describe it in broad terms so it will cover all the activities here in the U.S.): _____		
15. What outcome do you expect from this proposed visit? (e.g., publication, lectures, etc.) _____		

**Part IV. Funding Information**

16. During the appointment period, financial support will be provided by one or more of the following (check all that apply). Funding in <b>U.S. DOLLARS (USD)</b> , should be entered as a total, not "\$350/month." Please enter the exchange visitor's funding for the <b>entire period of stay</b> .		
a. <input type="checkbox"/> SIU	\$	<p>17. The current minimum expense amount for one month is <b>\$1,500 for a J-1 scholar, \$500 for a J-2 spouse, and \$350 for a J-2 child.</b></p> <p><b><i>Written evidence of financial support is required</i></b>, such as an offer letter, a letter from an appropriate government agency, a bank certificate, etc.</p> <p><i>NOTE: Government funds made available for a specific research goal or to the principal research investigator, and not for the use of supporting an exchange visitor or exchange program, should be designated as funds from the SIU.</i></p>
b. <input type="checkbox"/> U.S. Government Agency	\$	
Name of the Agency:		
c. <input type="checkbox"/> The EV's Government	\$	
d. <input type="checkbox"/> International Organization	\$	
Name of the Organization:		
e. <input type="checkbox"/> Other Organization	\$	
Name of the organization:		
f. <input type="checkbox"/> Personal Fund	\$	

**Part V. Attestation**

18. I understand that the J-1 program was developed to implement the Mutual Educational and Cultural Exchange Act (Fulbright-Hayes Act) of 1961. The purpose of the Act is to "increase mutual understanding between the people of the U.S. and the people of other countries by means of educational and cultural exchanges." I attest that this prospective scholar's visit is within the J-1 program objective and that <b>I am not utilizing the J-1 category for employment purposes.</b>		
19. Host Supervisor's Name:	20. Signature	21. Date:
22. Name of the School Director/Dean:	23. Signature	24. Date:

Part VI. Information about the Exchange Visitor (EV)		
25. EV's Name:	26. Email:	27. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
28. City of Birth:	29. Country of Birth:	30. Date of Birth:
31. Country of Permanent Residence:	32. Country of Citizenship:	
33. Home Country Employer:	34. Position Title in Home Country:	
35. The Home Country Institution is: <input type="checkbox"/> Government, <input type="checkbox"/> Academic Community, <input type="checkbox"/> Private Sector, or <input type="checkbox"/> Other		
36. If government, what type? <input type="checkbox"/> Central, <input type="checkbox"/> State/Regional/Provincial, <input type="checkbox"/> City/Town		
37. U.S. Address (if available):		
38. Check here if you have previously visited SIU as a J-1 <input type="checkbox"/> Scholar, <input type="checkbox"/> Visiting Professor, or <input type="checkbox"/> Student, or <input type="checkbox"/> Other		
39. <input type="checkbox"/> Check here if you have previously visited the U.S. If checked, please explain. _____		
<input type="checkbox"/> Check here if you have applied for a <b>waiver</b> of the two-year home-country physical presence requirement.		

Part VII. If in the U.S. Complete the Following		
40. Date of Last Arrival:	41. I-94 #:	42. Current Status:
43. SEVIS ID # (if available): N00	44. Expiration Date of Your Passport:	

Part VIII. Family Member Information (only if accompanying you to the U.S.)					
Relationship	Name (Last, First, Middle)	City of Birth	Country of Birth	Date of Birth	Gender
					<input type="checkbox"/> M/ <input type="checkbox"/> F
					<input type="checkbox"/> M/ <input type="checkbox"/> F
					<input type="checkbox"/> M/ <input type="checkbox"/> F
					<input type="checkbox"/> M/ <input type="checkbox"/> F

45. Email Address for dependent(s), if different from yours:

Part IX. Statements and Signatures	
<p>My signature below indicates that I guarantee the above-named family member(s) will not become a public charge in the U.S. and will maintain his or her nonimmigrant status and depart before the expiration of his or her authorized stay in the U.S.</p> <p><b>Insurance Statement</b> (Please read and sign the following statement)            I understand that, per the requirement from the U.S. Department of State, during my period of appointment at SIU as a J-1 Exchange Visitor, I must comply with the Department of State (DOS) regulations which require that I purchase health insurance for myself and my accompanying J-2 dependents (spouse and children), if applicable, throughout the duration of my/our visit in the U.S. I understand that failure to comply with this requirement will result in termination from the Exchange Visitor Program at Southern Illinois University.</p> <p>By <b>typing</b> my name in the space below, I certify that all the information provided is true and complete to the best of my knowledge and belief.</p>	
46. Exchange Visitor's Name:	47. Date:

Part X. English Language Proficiency Verification		
<p>To comply with federal regulation, the following measurement has been used to verify English Language proficiency.</p> <p>EV's Name: _____</p> <p>a. <input type="checkbox"/>English Language Proficiency Test. A copy of the test report is enclosed.</p> <p>b. <input type="checkbox"/>Document signed by the home institution or the home English School, indicating completion of an ESL program or an English language school. A copy of the document is enclosed.</p> <p>c. <input type="checkbox"/>Documented interview signed <b>by the SIU host supervisor</b> after completing the interview in English in person or by videoconferencing or by telephone. A copy of the document is enclosed.</p> <p>d. <input type="checkbox"/>The EV has received a degree from an institution of higher education in an English-speaking country. A copy of the document is enclosed.</p> <p>I confirm that I have reviewed the relevant <a href="#">information</a> on the website at the SIU System Export Controls office.</p>		
Host Supervisor's Name:	Signature:	Date:

Please note the **following instructions**:

1. The issuance of Form DS-2019 is contingent upon the successful completion of a visual compliance screening with no identified issues. CIE currently performs the service.
2. The host supervisor must review the pertinent [information](#) on the SIU System Export Controls office website and adhere to the provided instructions.
3. If the EV is remunerated by SIU, the host supervisor/school/unit should follow SIU's standard onboarding procedure, including the preparation of a [Notice of Appointment](#). This action will prompt HR to issue an SIU ID (Dawg Tag number) for the EV. CIE recommends initiating this step approximately a month before the EV's scheduled arrival.
4. In cases where the EV is not compensated by SIU, CIE will contact relevant offices to request an SIU email address and a Network ID for the EV and inform the EV.

### DS-2019 Application Checklist

The Center for International Education (CIE) recommends that the sponsoring unit/school submit the DS-2019 request form early understanding of possible visa delays at an overseas U.S. consulate. For more information, please contact CIE.

EV's Name: \_\_\_\_\_

- Signed and completed the form CIE-60.
- Copy of SIU's Letter of Offer of Employment, if funded by SIU.
- Copy of SIU's invitation letter, if funded by sources other than SIU.
- Certified financial document (in **U.S. DOLLARS**), if funded by a source other than SIU - *attach English translation, if needed*
- Document of English language proficiency level. The U.S. Department of State (DOS) mandated all exchange visitors must have the English language skills necessary to successfully participate in their programs and to function on a day-to-day basis. (not applicable if applying for an extension).
- Copies of previous DS-2019, if any.
- Copy of the Exchange Visitor's resume indicating a completion of a bachelor's degree (minimum) in a related field - *attach English translation, if needed.* (not applicable if applying for an extension).
- Copy of exchange visitor's passport. (not applicable if applying for an extension).
- (In the case of extensions) proof of health insurance covering the previous program duration.
- If requesting J-2 dependent DS-2019(s), attach proof of relationship such as a marriage or birth certificate.
- If requesting J-2 dependent DS-2019(s), attach a copy of the dependent's passport.
- Other: \_\_\_\_\_