### DS-2019 REQUEST FORM

A REQUEST FORM MUST BE COMPLETED FOR EACH J-1 EXCHANGE VISITOR BEING INVITED

#### J-1 Research Scholars, Short-Term Scholars and Visiting Professors

Please attach a copy of the letter inviting the international exchange visitor to join your department (this letter should include the date the scholar is expected on campus, the length of time that the scholar will stay, the duties the scholar will perform at JJC, and the funding that will be provided). JOHN JAY COLLEGE FUNDING SHOULD COVER THE ENTIRE PERIOD OF STAY (if not, documentation of personal funds of the scholar/Professor or alternative support must be provided).

#### J-1 Non-degree Students, Bachelor Students and Masters Students

Letters of invitation from the John Jay academic department are not required for students participating in JJC exchange programs. **Note**: All exchange students in the categories of Non-degree, Bachelor and Masters must have full time enrollment (12 credits) during each Fall or Spring semester.

Exchange Visitor’s Name: Last Name (Family Name): ____________________________ First Name: ____________________________

**Check One:**

- [___]—This request is for a **NEW** Exchange Visitor to receive Form DS-2019
- [___]—This request is for the **TRANSFER** of a J-1 Visa to John Jay College

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### 1. SPONSORING DEPARTMENT

**FACULTY MEMBER MAKING REQUEST:**

NAME: ____________________________

Department ____________________________

OFFICE LOCATION: ____________________________

Email Address: ____________________________

TEL.#: ____________________________

**SIGNATURE OF DEPARTMENT CHAIR:**

*Signature indicates Chair will provide Visiting Scholar with Exchange Visitor Guide for Departments*

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### 2. J-1 VISA CATEGORY  Primary duties (Check One):

**Students**

- Full-Time Course Enrollment:
  - [___]—Non-Degree Student
  - [___]—Bachelor’s Degree Student
  - [___]—Master’s Degree Student
  - [___]—Doctoral Degree Student

**Research & Teaching**

- [___]—Research with possibility of teaching
- [___]—Non-Tenure Track Teaching with possibility of research
- [___]—Short-Term Researcher or Professor:
  - (Choose this category if program is **six (6) months or LESS**)
  - **Note**: Program extensions for this category beyond 6 months are not permissible

**Researchers & Professors:**

Provide a brief description of the duties the scholar or professor will be expected to perform while at JJC:

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**STUDENTS:**

- student’s level of study at his/her home institution:
  - [___] Undergraduate
  - [___] Master’s
  - [___] Doctoral
  - [___] Post-Doctoral
  - [___] Other: ____________________________

**What is student’s academic major at home institution?**

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### 3. LENGTH OF PROGRAM

**DURATION OF VISIT**

- Beginning Date: ____/____/____
- End Date: ____/____/____

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1 of 4

Revised November 2015
**FINANCIAL SUPPORT**

State Source(s) of FINANCIAL SUPPORT for living expenses while at John Jay College
And attach to this form necessary support documentation-evidence of funding.

**ALL SUPPORT DOCUMENTATION MUST BE IN ENGLISH AND WITH FUNDING IN US DOLLARS**

The most appropriate evidence of funding are dated government, employer or bank letters written by officials of those institutions on company letterhead—bank statements are not acceptable

Total estimated living expenses for all J-1 Exchange Visitors is $2,200 per month ($26,400 annually)

### 4. RESEARCH SCHOLARS, SHORT-TERM SCHOLARS & PROFESSORS

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| John Jay College funding will provide all or part of financial support

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| A foreign institution or government will provide all or part of financial support
| Attach (or send as email attachment) a letter (or other official proof) from the home institution indicating payment or stipend to exchange visitor that covers entire J program period.

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| Exchange visitor will provide all or part of financial support from personal funds
| Attach a letter in ENGLISH from your bank officer on bank stationary that indicates the account name-holder and account balance in U.S. dollars.

**Monthly Support:** $______  Multiplied by Total Months ______  Equals Total Support* $___________

### 5. STUDENTS (Will have John Jay College full-time course enrollment)

Support for J-1 Exchange-Visitors in STUDENT Category: Nondegree, Bachelor’s or Masters

**Check one**

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| [ ] | Summer or Winter break; Nondegree, Bachelor & Masters semester students: Exchange students whose program begin and ends within the annual summer or winter vacation period

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| [ ] | Fall & Spring Nondegree, Bachelor & Masters semester students: J-1 regulations mandate that students enroll and complete a full course of study for each semester-12 credits.

Check all that apply and complete empty spaces associated with your selection(s).

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| JJC FINANCIAL SUPPORT will be provided
| Other than tuition/fees indicate total amount of John Jay College support? $___________

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| PERSONAL FUNDS from student will be provided: $___________U.S. Dollars
| Attach a letter in ENGLISH from your bank officer on bank stationary that indicates the account name-holder and account balance in U.S. dollars.

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| FOREIGN EDUCATIONAL INSTITUTION support will be provided:
| Attach (or send as email attachment) a letter (or other official proof) from the home institution indicating payment or stipend to exchange student that covers J program period.

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| FOREIGN GOVERNMENT support will be provided:
| Attach (or send as email attachment) a letter (or other official proof) from the home institution indicating payment or stipend to exchange student that covers J program period. This letter does not need to indicate an amount.
6. EXCHANGE VISITOR BIOGRAPHIC INFORMATION

FAMILY NAME: FIRST NAME: MIDDLE NAME:

[___] Male  [___] Female  DATE OF BIRTH: Month:  Day:  Year:

CITY OF BIRTH: COUNTRY OF BIRTH: COUNTRY OF LEGAL RESIDENCE:

COUNTRY OF CITIZENSHIP:  Email Address:

Home educational institution information:
☐-University Researcher  ☐-University Faculty, Professor or Teacher

Check One:  ☐-Bachelor [4-yr.]-Undergraduate  ☐-Master's-Graduate Study
☐-Doctoral Student  ☐-Post Ph.D.-With Doctoral Degree  ☐-Other:________________________

*Major academic area of study, research or teaching at home educational institution: ________________________________

ADDRESS WHERE DS-2019 SHOULD BE MAILED (VIA UPS):
Address Line 1 ___________________________________________  City ____________________________
Address Line 2 __________________________________________  Province __________________________
Country ___________________  Postal Code __________________

Destination telephone number: ______________________________

7. CERTIFICATION FOR PREVIOUS J STATUS

This exchange visitor has had a J immigration status at a US institution in the past 24 months  [___] YES [___] NO

If the exchange visitor held a J immigration status at a US institution in the past 24 months, give dates, locations and their previous DS-2019 SEVIS number. Please attach copies of all Form DS-2019 to this application.

Institution of previous J status:  Month/Day/Year
From / /  To: / / 

City, State:
SEVIS ID Number
(Top of Bar Code on DS-2019):

8. HEALTH INSURANCE

Federal regulations require ALL Exchange Visitors to have health insurance that will cover illness, medical evacuation and repatriation expenses. Will insurance be provided under a benefits package offered by JJC, CUNY or the Research Foundation?

[___] YES [___] NO

9. DEPENDENTS

Will dependents accompany the Exchange Visitor to the U.S?  [___] YES [___] NO

If there are accompanying dependents (spouse and/or children) please complete page 4 of this form (titled: Family Dependent J-2 DS-2019 Request Form-Data Sheet) for spouse and for each child.
J-2 FAMILY DEPENDENT
DS-2019 REQUEST FORM

Note—the following evidence of support is necessary for each dependent accompanying principle to the U.S.
In addition to necessary evidence of support for J-1 Principal
Please demonstrate $600 per month ($7,800 annually) for FIRST J-2 dependent
All other J-2 dependents: $300/month ($3,600 annually)

 amat TO BRING FAMILY AS J-2 DEPENDENT

Name of J-1 Exchange Visitor:
Family Name: ___________________________ First Name: ___________________

Will family members accompany the above-named J-1 Exchange-Visitor to the U.S.? [___] YES [___] NO

Required items for spouse and each child that will join the Exchange Visitor in the U.S.

[___] 1. This page must be completed for each family member joining the exchange visitor in the U.S.

[___] 2. Additional financial support in the amount of $600 per month* ($7,800 annually) for program duration must be demonstrated for the first dependent family member. This monthly amount for the first dependent is calculated as 30% of J-1’s annual living expenses by 12 months. Additional support for second and remaining dependents is $300/month ($3,600 annually), 15% of the J-1s expenses or half the rate for the first dependent.

Example: For the first dependent, the Scholar must add $600 (for first dependent) and $300 (for second dependent) to the Scholar’s monthly living expense of $2000.00 AND multiply that sum by the number of months expected in the program. Therefore, if spouse and one child will accompany Scholar to the U.S. for a one-year program, the total amount of support for living expenses that must be demonstrated would be ($2000+600+300 times 12months=) $35,400.00 USD.

[___] 3. Biographic page from each family member’s passport

[___] 4. Marriage certificate (with translation) for spouse

[___] 5. Birth certificate (with translation) for each child.

1. J-2 DEPENDENT EXCHANGE VISITOR BIOGRAPHIC INFORMATION

FAMILY NAME: 
FIRST NAME: 
MIDDLE NAME: 
[___] Male [___] Female
DATE OF BIRTH Month: Day: Year:
CITY OF BIRTH: 
COUNTRY OF BIRTH: 
COUNTRY OF CITIZENSHIP: 
COUNTRY OF LEGAL RESIDENCE: 

Relationship to J-1 Exchange Visitor: ☐ Spouse ☐ Child

2. J-2 DEPENDENT HEALTH INSURANCE

Federal regulations require ALL Exchange Visitors to have health insurance that will cover illness, medical evacuation and repatriation expenses.

[___] YES [___] NO Will insurance be provided under a benefits package offered by JJC, CUNY or the Research Foundation?

[___] YES [___] NO Will insurance be provided by the exchange visitor with personal funds?

If both of above options were answered NO, what arrangements have been identified to assist the exchange visitor in complying with J visa classification health insurance mandates? ________________________________

Upon U.S. arrival, exchange visitors must have a valid health insurance card or other proof of valid health insurance coverage for the duration of the exchange program. Unfortunately, willful failure to maintain the required insurance is a violation of J regulations and cause for program termination.