



University at Buffalo  
The State University of New York

Office of International Education  
Immigration Services

## DS-2019 REQUEST FORM J-1 STUDENT INTERN

(Document must be filled out by the inviting department, not the intern)

**Please type or print clearly. Submit completed form and all other required documentation to International Student & Scholar Services, 210 Talbert Hall, North Campus, Attn. Diane Hardy.**

Student Intern's Name \_\_\_\_\_  
Last/Family First Middle

Male \_\_\_ Female \_\_\_ Date of Birth \_\_\_\_\_  
Month/Day/Year

City or Province of Birth \_\_\_\_\_ Country of Birth \_\_\_\_\_  
(must be completed) (must be completed)

Country of Citizenship \_\_\_\_\_ Country of Legal Permanent Residence \_\_\_\_\_  
(must be completed) (must be completed)

E-mail address \_\_\_\_\_

Is the Student Intern participating on a UB Exchange Program? \_\_\_ Yes \_\_\_ No

If so, which one? \_\_\_\_\_

Has the Student Intern been in the U.S. before on a J-1 visa? \_\_\_ Yes \_\_\_ No

**If so, attach copies of all of the Student Intern's previous DS-2019's and J-1 visa stamps.**

**If the Student Intern is currently in the U.S. as a J-1 Student Intern at another institution:\***

Name of current program sponsor (e.g. Univ. of Iowa) \_\_\_\_\_

Program Number \_\_\_\_\_

Date of Student Intern's initial entry in J-1 visa status \_\_\_\_\_

**\*Attach a copy of the Student Intern's current DS-2019, and front and back of his/her I-94 card.**

Student Intern's Address Abroad

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Address of Student Intern's Academic Institution Outside the U.S.

---

---

Student Intern's Field of Study

---

UB Department (e.g. Department of Chemistry)

---

Internship Site Address

---

---

---

---

Time Period for which the DS-2019 is Requested\*

Beginning Date\*\* \_\_\_\_\_  
Month/Day/Year

Ending Date \_\_\_\_\_  
Month/Day/Year

**\* The maximum length of the internship is 12 months.**

**\*\*The Student Intern may enter the U.S. thirty days before the start date or anytime within 30 days after the start date on the DS-2019. If not validated in the SEVIS system within 30 days after the start date, the Student Intern's SEVIS record will become invalid.**

Student Intern's Funding Source(s) and Amount(s) (complete all that apply)

_____ State Appointment* ( <b>Attach employment letter</b> )	\$ _____
_____ Research Foundation Appointment* ( <b>Attach employment letter</b> )	\$ _____
_____ UB Foundation Appointment* ( <b>Attach employment letter</b> )	\$ _____
_____ Other Sponsor ( <b>Attach letter on official letterhead showing support in U.S. dollars and indicating duration</b> )	
_____ Student Intern's Government ( <b>Attach letter on official letterhead showing support in U.S. dollars and indicating duration</b> )	\$ _____
_____ Other Organizations Providing Support	\$ _____
_____ Specify	
_____ Personal Funds ( <b>Attach Student Intern's bank statement showing support in U.S. dollars</b> )	\$ _____
_____ Other _____	\$ _____
_____ Specify	
<b>Total amount of funding</b>	<b>\$ _____</b>

**\* If the Student Intern will hold a University appointment, refer to salary schedules provided by the appropriate Human Resource Services office for required salary minimums and maximums.**

\* ***If the Student Intern will not hold a University appointment, at least \$13,000 per year must be documented plus \$6,960 additional for the spouse and \$4,500 for each accompanying child. These amounts DO NOT include transportation or mandatory health insurance. Additional monthly amounts of \$83 for the Student Intern, \$178 for the spouse and \$96 for child/children (2009-10 health insurance rates) must be added to the minimum support level if the Student Intern must purchase health insurance upon arrival.***

Source of **Mandatory** Health Insurance

**Note:** J-1 Exchange Visitors are required by the U.S. Department of State and SUNY to obtain and maintain medical insurance coverage for themselves and their family members throughout their stay in the U.S. as J-1 Exchange Visitors.

- \_\_\_\_\_ Benefit of University appointment
- \_\_\_\_\_ Student Intern will purchase upon arrival from the Student Medical Insurance Office
- \_\_\_\_\_ Student Intern will purchase in home country (**Student Intern must present an English translation of the policy for evaluation upon arrival**)

Accompanying Immediate Family Members (Spouse and/or Children)

NAME:

Last/Family, First/Given \_\_\_\_\_

Relationship to Student Intern \_\_\_\_\_

Date of Birth (Month/Day/Year) \_\_\_\_\_

City and Country of Birth/Citizenship \_\_\_\_\_

NAME:

Last/Family, First/Given \_\_\_\_\_

Relationship to Student Intern \_\_\_\_\_

Date of Birth (Month/Day/Year) \_\_\_\_\_

City and Country of Birth/Citizenship \_\_\_\_\_

NAME:

Last/Family, First/Given \_\_\_\_\_

Relationship to Student Intern \_\_\_\_\_

Date of Birth (Month/Day/Year) \_\_\_\_\_

City and Country of Birth/Citizenship \_\_\_\_\_

**The DS-2019 Request Form MUST BE accompanied by all documents listed  
in the DS-2019 Request Checklist at  
[www.buffalo.edu/intlservices/documents/ChecklistforDS-2019.pdf](http://www.buffalo.edu/intlservices/documents/ChecklistforDS-2019.pdf)**

**DEPARTMENT DECLARATION:**

We certify that we have read and understand the introduction to the J-1 Student Intern Category ([www.buffalo.edu/intlservices/documents/J-1Intern.pdf](http://www.buffalo.edu/intlservices/documents/J-1Intern.pdf)), and agree to abide by the terms and conditions of the U.S. Department of State's Exchange Visitor Program as administered by the University at Buffalo.

As the University's sponsor of the Student Intern, we have:

- 1) Verified that the Student Intern has sufficient English language skills to function on a day-to-day basis in the internship environment
- 2) Confirmed that the internship does not serve to fill a labor need

As the University's sponsor of the Student Intern, we shall:

- 3) Ensure that the internship is full-time (at least 32 hours per week)
- 4) Complete and sign the "Training/Internship Plan" (Form DS-7002)
- 5) Ensure that all tasks assigned to the Student Intern consist of work-based learning and no more than 20% clerical work, and are necessary for the completion of the internship program
- 6) Expose the Student Intern to American techniques, methodologies and technology, expand upon the participant's existing knowledge and skills, and not duplicate the Student Intern's prior experience
- 7) Develop procedures to evaluate the Student Intern. Conduct a concluding evaluation and, if the program lasts longer than six months, a midpoint and concluding evaluation. Provide copies of all evaluations to ISSS, 210 Talbert Hall, North Campus.
- 8) Ensure that the Student Intern participates in the J-1 orientation upon arrival, as required by the Department of State. Call 645-2258 or e-mail [intlservices@buffalo.edu](mailto:intlservices@buffalo.edu) for date, time, and location.
- 9) Refer the Student Intern to ISSS whenever necessary to ensure that s/he and any accompanying dependents obtain and maintain health insurance that meets the minimum requirements of the Department of State and State University of New York.
- 10) Notify ISSS via e-mail ([intlservices@buffalo.edu](mailto:intlservices@buffalo.edu)) of the early completion or termination of the Student Intern's program.

**Signatures of BOTH FACULTY AND CHAIR OR DEAN are required.**

Faculty Member Requesting DS-2019 Form

Name \_\_\_\_\_ Title \_\_\_\_\_

Dept. Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_ E-mail \_\_\_\_\_

Approval of Departmental Chair or Dean

Name \_\_\_\_\_ Title \_\_\_\_\_

Departmental Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_ E-mail \_\_\_\_\_

Upon Completion of DS-2019 Form (**check only one**)

\_\_\_\_\_ ISSS will mail the DS-2019 form by **regular air mail** to the Student Intern at:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ ISSS will mail the DS-2019 form by **Express Mail** (*Please include Express Mail envelope and pre-printed mailer.*)

\_\_\_\_\_ ISSS will mail the DS-2019 form by **campus mail** to the faculty member requesting the DS-2019 so the faculty member can mail it to the Student Intern.

Faculty Member's Name \_\_\_\_\_

Campus Address \_\_\_\_\_

\_\_\_\_\_ ISSS will call \_\_\_\_\_ at

\_\_\_\_\_ Person's Name  
**for personal pick up.**

\_\_\_\_\_ Phone Number

***If you have any questions, please call Diane Hardy at 645-2258.***

