



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

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

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

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

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

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

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

Scholar's Address Abroad

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Current Occupation/Position (Title and Place of Employment in Country of Permanent Residence)

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Field of Specialization (e.g. area of chemistry: electronanalytical)

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At UB, the scholar's primary activity will be: \_\_\_\_\_ Professor\*  
\_\_\_\_\_ Research Scholar\*  
\_\_\_\_\_ Short-term Scholar  
\_\_\_\_\_ Specialist

**\* Professors and Research Scholars can extend their stay up to five years, but may have a 24-month bar after they complete their stay.**

**\*\* Short-Term Scholars' stay is for a maximum of six months, but they can return to the U.S. in the same year.**

**\*\*\* Specialists' stay is for a maximum of one year.**

UB Department (e.g. Department of Chemistry)

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Workplace Address

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

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

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

*\*While a Research Scholar/Professor may hold J-1 visa status for up to five years, it is recommended that a DS-2019 be requested for only one year at a time to provide for annual verification of funding.*

*\*\*The scholar 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 scholar's SEVIS record will become invalid.*

Will housing be provided as a benefit (e.g. University Guest Quarters)? Yes \_\_\_\_ No \_\_\_\_

**Scholar'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> )	\$ _____
_____	Scholar'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 scholar's bank statement showing support in U.S. dollars</b> )	\$ _____
_____	Other _____	\$ _____
	Specify	
	<b>Total amount of funding</b>	<b>\$ _____</b>

\* ***If the scholar 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 scholar 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 scholar, \$178 for the spouse and \$96 for child/children (2009-10 health insurance rates) must be added to the minimum support level if the scholar 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
- \_\_\_\_\_ Scholar will purchase upon arrival from the Student Medical Insurance Office
- \_\_\_\_\_ Scholar will purchase in home country (**Scholar 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

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Relationship to Scholar

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Date of Birth (Month/Day/Year)

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City and Country of Birth/Citizenship

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NAME:

Last/Family, First/Given

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Relationship to Scholar

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Date of Birth (Month/Day/Year)

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City and Country of Birth/Citizenship

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NAME:

Last/Family, First/Given

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Relationship to Scholar

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Date of Birth (Month/Day/Year)

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City and Country of Birth/Citizenship

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NAME:

Last/Family, Firsts/Given

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Relationship to Scholar

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Date of Birth (Month/Day/Year)

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City and Country of Birth/Citizenship

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**This DS-2019 Request Form MUST BE accompanied by:**

- a copy of the scholar's CV
- a copy of the letter of invitation (sample letter available at [www.buffalo.edu/intlservices/pdf\\_files/SampleInvitationLetter.doc](http://www.buffalo.edu/intlservices/pdf_files/SampleInvitationLetter.doc))
- a copy of the scholar's current DS-2019, and front and back of his/her I-94 card *if the scholar is currently in the U.S. as a J-1 scholar at another institution*

**DEPARTMENT DECLARATION:**

We certify that we have read and understand the current “Background Information on J-1 Scholars” provided by UB Immigration Services (“UBIS”) on its web site ([www.buffalo.edu/intlservices/j1\\_scholars.html](http://www.buffalo.edu/intlservices/j1_scholars.html)) 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 scholar, we shall:

- 1) Make sure that the scholar’s activities are consistent with the program objective(s) as described on the DS-2019.
- 2) Make sure that the scholar attends the J-1 orientation, offered by UBIS weekly, upon arrival as required by the Department of State. Call (716) 645-2355 or 645-5550 for date, time, and location. For programs lasting less than 30 days, we promise to ensure that the scholar attends the J-1 orientation no later than seven (7) calendar days after the start date listed on the DS-2019.
- 3) Refer the scholar to UBIS and contact UBIS by e-mail ([immgsvc@buffalo.edu](mailto:immgsvc@buffalo.edu)) whenever necessary to ensure that the scholar 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.
- 4) Notify UBIS of any change in the scholar’s address via e-mail ([immgsvcga@buffalo.edu](mailto:immgsvcga@buffalo.edu)) within ten (10) calendar days of the change of address.
- 5) Notify UBIS via e-mail ([immgsvc@buffalo.edu](mailto:immgsvc@buffalo.edu)) of the completion or termination of the scholar’s program within ten (10) calendar days of such a change.
- 6) Monitor the physical work location (site of activity), and the progress and welfare of the scholar. Assist him/her whenever necessary in order to ensure successful completion of the 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**)

\_\_\_\_\_ Immigration Services will mail the DS-2019 form by **regular air mail** to the scholar at:

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

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

\_\_\_\_\_ Immigration Services 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 scholar.

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

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

\_\_\_\_\_ Immigration Services will call \_\_\_\_\_ at

Person's Name

\_\_\_\_\_ **for personal pick up.**

Phone Number

***If you have any questions, please call MaryJean Zajac, Immigration Services at 645-2355.***