DS-2019 REQUEST FORM
J-1 EXCHANGE VISITOR PROGRAM

(Document must be filled out by the inviting faculty member, not the scholar)
(Request form in accordance with U.S. Dept. of State Subpart A regulation implementation on 01/05/2015)

Please type or print clearly. Submit completed form and all other required documentation to UB Immigration Services, 201 Talbert Hall, North Campus, Attention: Cinthya Alvarez.

Check all that apply: _____ New J-1 scholar at UB
_____ Previously at UB in J-1 status
_____ Previously in U.S. in J-1 status
_____ Request transfer from another U.S. institution

Scholar'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)

Country of Citizenship ____________________________

Country of Legal Permanent Residence ____________________________

(must be completed)

E-mail address ____________________________

Person # * ____________________________

(if available)

* If possible, please provide a UB person number for J-1 scholars who will be employed at UB. The HR person in your department can enter the scholar in NEW, UB’s system for new hires. For more information, call Bertha Hill, Manager, Customer Service at 645-4455.

Is the scholar participating on a UB Exchange Program? ____ Yes ____ No

If so, which one? ________________________________________________
Has the scholar previously been in the U.S. 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. The Ohio State University) ________________________
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
____________________________________________________________________________
____________________________________________________________________________

Scholar’s Current Occupation/Position (Title and Place of Employment in Country of Permanent Residence)
____________________________________________________________________________

Scholar’s Field of Specialization (e.g. area of chemistry: electronanalytical)
____________________________________________________________________________

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 will have a 24-month bar after they complete their stay. Participants in these categories must participate in programs that are at least 3 weeks in duration.
** 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)
____________________________________________________________________________

Workplace Address(es)
____________________________________________________________________________
____________________________________________________________________________

Time Period for which the DS-2019 is Requested*
Beginning Date** __________________ Ending Date ________________ ***
Month/Day/Year 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. But, if not validated in the SEVIS system within 30 days after the start date, the scholar’s SEVIS record will become invalid and the scholar must depart the U.S.
***UBIS must be notified in writing if there is any interruption in program activity.

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* *(Attach invitation letter)* $______
- [ ] Research Foundation Appointment* *(Attach invitation letter)* $______
- [ ] UB Foundation Appointment* *(Attach invitation letter)* $______
- [ ] Other Sponsor *(Attach letter on official letterhead showing support in U.S. dollars and indicating duration)* $______
- [ ] Scholar’s Government *(Attach letter on official letterhead showing support in U.S. dollars and indicating duration)* $______
- [ ] Other Organizations Providing Support $______
- [ ] Personal Funds *(Attach scholar’s 3 most recent bank statements and translation, if necessary)(CD’s generally not accepted)* $______
- [ ] Other Specify $______

Specify Total amount of funding $______

* 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. MEDEX enrollment is required for University appointments: [http://subboard.com/insurance/international_enroll.php](http://subboard.com/insurance/international_enroll.php).

* If the scholar will not hold a University appointment, at least $13,612 per year must be documented plus $4,775 additional for the spouse and $4,500 for each accompanying child. These amounts DO NOT include transportation or mandatory health insurance. Additional monthly amounts for the scholar, for the spouse and for child/children must be added to the minimum support level if the scholar must purchase health insurance upon arrival. Information on the additional amounts is available at: [http://subboard.com/insurance/international_enroll.php](http://subboard.com/insurance/international_enroll.php).

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 – I agree to purchase of medical evacuation, repatriation and bedside visit benefits provided by Frontier/MEDEX insurance from the Student Medical Insurance Office
- [ ] Scholar will purchase upon arrival from the Student Medical Insurance Office (includes Frontier/MEDEX)
- [ ] Scholar will purchase in home country (Scholar must present an English translation of the policy for evaluation by the Student Medical Insurance Office upon arrival). Scholar may be required to purchase Frontier/MEDEX from the Student Medical Insurance Office. Therefore, it is not recommended to purchase health insurance in home country.

Program Suitability and English Language Requirements

J-1 regulations require the following: The host department must establish and utilize a method to screen and select prospective exchange visitors to ensure that they are eligible for program participation, and that the “program is suitable to the exchange visitor’s background, needs, and experience,” and the exchange visitor “possesses sufficient proficiency in the English language, as determined by an objective measurement of English language proficiency, successfully to participate in his or her program and to function on a day-to-day basis. A sponsor must verify an applicant’s English language proficiency
through a recognized English language test, by signed documentation from an academic institution or English language school, or through a documented interview conducted by the sponsor either in-person or by videoconferencing, or by telephone if videoconferencing is not a viable option.”

By my signature, I affirm that the host department has determined that the program is suitable to the exchange visitor’s background, needs, and experience. __________________________ Name: __________________________

Does the exchange visitor possess satisfactory proficiency in the English language? Yes ____ , No ____

Method used to establish English language proficiency: ____________________________________________
(Attach documentation to establish EV possesses English language proficiency)

**Accompanying Immediate Family Members (Spouse and/or Children)**

NAME:
Last/Family, First/Given
Relationship to Scholar
Date of Birth (Month/Day/Year)
City and Country of Birth/Citizenship

NAME:
Last/Family, First/Given
Relationship to Scholar
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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)
• 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
DS-2019 REQUEST
CERTIFICATION AND FEE AGREEMENT
(Please Complete and Submit to UB Immigration Services, 201 Talbert Hall)

► PRIMARY CHAIR'S CERTIFICATION:

I HEREBY CERTIFY THAT I SUPPORT THE ISSUANCE OF A FORM DS-2019 ON BEHALF OF THE PROPOSED EXCHANGE VISITOR AND DEPENDENTS, IF ANY, BEING SPONSORED BY THE UNIVERSITY AT BUFFALO OR RESEARCH FOUNDATION.

International Scholar Being Sponsored for J-1 Status:

Department:

Departmental Address:

Phone Number:

Chairperson:

Signature: ____________________________ Date ____________________________

► OFFICE OF INTERNATIONAL EDUCATION SERVICES NONREFUNDABLE FEE:

The service fee of $150 (INITIAL DS-2019) will be paid by:

Name: ____________________________

Title: ____________________________

E-mail address: ____________________________

Address: ____________________________

Signature: ____________________________ Date ____________________________

Name and e-mail address of payor’s representative, if any ____________________________
The one-time service fee of $50 to cover all dependents will be paid by:

Name: ________________________________
E-mail address: __________________________
Address: ________________________________
Signature: ___________________________ Date

03/27/2015
DEPARTMENT DECLARATION:

We, the undersigned, 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) 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) Ensure that the scholar’s activities are consistent with the program objective(s) as described on the Form DS-2019.

2) Ensure 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 (immsvc@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 or e-mail (immsvcga@buffalo.edu) within ten (10) calendar days of the change of address.

5) Notify UBIS via e-mail (immsvc@buffalo.edu) of the anticipated completion or termination of the scholar’s program at least ten (10) calendar days before such a change.

6) Notify UBIS via e-mail (immsvc@buffalo.edu) of the anticipated transfer of the scholar to another J-1 sponsor at least 30 calendar days before the effective transfer date.

7) Monitor the physical work location (site of activity), obtain prior written permission from UBIS to add a new work location for the scholar, and monitor the progress and welfare of the scholar. Assist him/her whenever necessary in order to ensure successful completion of the program.

8) Ensure that the scholar is exposed to cross-cultural activities while he or she is at UB. A cross-cultural activity is an activity designed to promote exposure and interchange between exchange visitors and Americans so as to increase their understanding of each other’s society, culture, and institutions.

Signatures of BOTH FACULTY AND PRIMARY CHAIR/ DEAN are required.

Faculty Member Requesting DS-2019 Form
Name _______________________________ Title _______________________________
Dept. Address ________________________ Phone _________________________
Signature ____________________________ E-mail _________________________
Date___________________________

Approval of Primary Departmental Chair or of Dean
Name _______________________________ Title _______________________________
Departmental Address ___________________ Phone _________________________
Signature ____________________________ E-mail _________________________
Date___________________________

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

_____ UB Immigration Services will mail the DS-2019 form by Express Mail (Only if Express Mail envelope and pre-printed mailer is included.)

_____ UB 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 ________________________________________________

_____ UB Immigration Services will call __________________________ at_________________ for personal pick up.

Person’s Name  Phone number

If you have any questions, please call MaryJean Zajac or Cinthya Alvarez, UB Immigration Services at 645-2355.

03/27/2015