DS-2019 Request Form for New and Transfer J-1 Exchange Visitors

This form is used to supplement the information that has already been entered into the DS-2019 pages in SEVIS and will be reviewed by an immigration advisor. If you have any questions or concerns, please contact the International and Multicultural Programs at 305-899-3082 or cbiscardi@mail.barry.edu / tnguyen@mail.barry.edu.

A. Type of Program

____ New J-1 Program  ____ Returning on J-1  ____ Transfer

*For a Transfer J-1, IMP will send a Transfer-In Request Form to the email address listed in the J-1 Exchange Visitor Information Form. This form will be filled out by the current sponsoring institution.

Program Start Date: _____________________  Program End Date: _____________________

*State date may be no less than six weeks from the date IMP receives this request. We will change the start date as appropriate.

*Exchange visitors may enter 30 days before the DS 2019 start date.

B. Exchange Visitor Categories and Time Limitations

<table>
<thead>
<tr>
<th>Category</th>
<th>Minimum Duration of Stay</th>
<th>Maximum Duration of Stay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professor or Research Scholar</td>
<td>3 weeks</td>
<td>5 years</td>
</tr>
<tr>
<td>Short Term Scholar</td>
<td>1 day</td>
<td>6 months*</td>
</tr>
<tr>
<td>College and University Student</td>
<td>3 weeks</td>
<td>D/S</td>
</tr>
</tbody>
</table>

*We recommend using the short-term scholar category for any stay six months or less. Only use the research scholar category for a short visit if you and the visitor have mutually agreed that there may be need of an extension beyond six months. Following the end of a research scholar or professor program, an EV will be prohibited from beginning a new J-1 program in the category of research scholar or professor for a period of twenty four months.
C Department Contact

Name: _______________________________________ E-Mail: _________________________________

Department: __________________________________________________________________________

Campus Address/Zip: ________________________________________ Phone: _____________________

D Academic Credentials

Professors and research scholars are expected to have appropriate academic or similar credentials. Department of State (DOS) has not specified minimum academic levels; however, generally prospective exchange visitor professors or researchers should have at least a bachelor’s degree with appropriate experience in the field of endeavor. Departments who use these categories for exchange visitors with less than a bachelor’s degree may be required by DOS to establish that such a program furthers the objectives of exchange and collaborative teaching and research efforts and that the participants will engage in appropriate program activities.

E Funding Requirements

A) A Form DS-2019 may be issued only for the period that there is sufficient, documented, guaranteed funding.

B) Determining Source of Funding: General institutional support should not be considered government financing unless it was specifically designated for an international educational exchange program. Government funds made available for a specific research goal or to principal research investigator and not for the use of supporting an individual exchange visitor or an exchange program, should be designated as funds from Barry University. If the exchange visitor will receive a salary from funds granted to Barry University (but not specifically granted to the exchange visitor) to support research projects, check Barry University as the funding source and list the total amount for the entire period of the Form DS-2019 requested.

F Checklist of Items to Include With Request

_____ J-1 Exchange Visitor Information Form (Please check that all fields have been filled out)
_____ Department of State Invitation letter (use template)-Also provide copy of letter to EV
_____ Copies of passport page(s) for EV + dependents showing picture and expiration date
_____ Financial Documents for Non-Barry funding
_____ CV
_____ If shipping is desired (Pre-printed UPS label to ship from IMP)
_____ If EV is currently in U.S. (Current immigration documents- copies of I-94, visa, I-20 or DS-2019, EAD if on OPT, etc.).
_____ If EV has been in J-1 or J-2 status prior 2 years (Copies of J-1 visa and DS-2019 form)
Federal Regulation Compliance Checklist

( ) I have read instructions and General Information for Departments Requesting Form DS-2019
( ) The prospective exchange visitor will be engaged in cultural and educational exchange
( ) The prospective exchange visitor possesses sufficient financial support
( ) The prospective exchange visitor possess sufficient English language proficiency for the proposed teaching/research/study activity and sufficient English to succeed in every day interactions while in the U.S.
( ) The prospective exchange visitor has appropriate academic credentials for his/her category and position
( ) This inviting department intends for the visitor’s stay to be temporary, and he/she is expected to return to his/her home country to complete the educational exchange component of this program.
( ) The exchange visitor is not in a tenure-track position.
( ) The department has discussed with the visitor requirement

Department Responsibilities

( ) We will notify the International and Multicultural Programs if the exchange visitor’s arrival is delayed
( ) We will ensure that the exchange visitor attends mandatory check-in upon his/her arrival at Barry University
( ) We will inform the exchange visitor of the Federal and university health insurance requirements
( ) We will communicate with the International and Multicultural Programs if the exchange visitor leaves the program at Barry before the end date on the DS-2019.

In compliance with the federal regulations governing the J-1 Exchange Visitor Program, I certify that all of the information given on this form is true and accurate to the best of my knowledge.

Department Administrative Contact:
Signature _______________________________ Date __________________
Name: _______________________________ Title: _______________________________

Inviting/Supervising Faculty Member
Signature _______________________________ Date __________________
Name: _______________________________ Title: _______________________________

Dean/Director/Chair of Department (may be the same as Inviting/Supervising Faculty Member)
Signature _______________________________ Date __________________
Name: _______________________________ Title: _______________________________