



J-1 EXCHANGE VISITOR (EV) DS-2019 REQUEST FORM

This form is used by university departments to request a DS-2019, Certificate of Eligibility for Exchange Visitor (J-1) status.

The issuance of DS-2019 forms is governed by federal regulations that determine eligibility for an exchange visitor's visa. This request must be completed by the academic department hosting the international scholar and must be signed by the department head or chair. All DS-2019 forms are issued one week from receipt of a complete request, including supporting documentation.

DEPARTMENT INFORMATION

Host Department: _____
Department Address (Site of Activity for the Exchange Visitor): _____
Host Professor / Staff Member: _____
Host Phone Number: _____ E-Mail: _____

EXCHANGE VISITOR (EV) INFORMATION

Name: _____ Date of Birth: _____
Family Name (as it appears on passport) Given Name(s) (mm/dd/yyyy)

PROGRAM INFORMATION

Proposed Period of stay at DePaul University: From: _____ To: _____
(mm/dd/yyyy) (mm/dd/yyyy)
Position Description at DePaul University: _____ Type of J-1 Visitor (please check primary activity):
General Field and Specialization of Activity at DPU: _____
 Short Term Scholar (6-month limit)
 Professor (5-year limit)
 Research Scholar (5-year limit)

FUNDING INFORMATION

Please list all sources of financial support in U.S. dollars for entire proposed period of stay, and provide copies of all non-DPU financial support (e.g. scholarship/grant letters; checking/savings bank statements, etc.). The required minimum financial support is \$1,500 per month for the EV, \$500 per month for first dependent, and \$400 per month for each additional dependent.

DePaul University \$ _____ Personal Funds \$ _____
 * Other \$ _____ *Int'l Organization \$ _____
 * U.S. Government Agency \$ _____ *Scholar's Government \$ _____
* Specify Source: _____

Our department has received funding for international exchange from a U.S. Government Agency to support this exchange visitor.
 No Yes [If yes, please indicate the Agency name(s)] _____

ENGLISH PROFICIENCY

Please check one of the following boxes to indicate how your department verified that the EV has the required English proficiency to successfully participate in the exchange program and to function on a day-to-day basis, and please provide supporting documentation evidencing how you measured EV's English language proficiency:

- a recognized English language test;
- a signed document from an academic institution or English language school; **or**
- a documented interview conducted in-person, by videoconferencing, or by telephone (if videoconferencing is not a viable option).

DEPARTMENTAL APPROVAL

I certify that the exchange visitor (EV) is **not a candidate for a tenure track position**, any **DePaul University funds** listed will be paid by my department, and the information contained on this request form is accurate. I have also read the U.S. State Department's **health insurance requirements** for J-1 EV and I understand that it is the responsibility of the host department to ensure that the EV mentioned above (and any J-2 dependents) has adequate medical insurance coverage for the duration of his/her J status.

Dean or Department Chair (please print name) _____ Signature _____ Date _____