

J-1 (DS-2019) APPLICATION CHECKLIST

| | |
|---|-----------|
| Name | Banner ID |
| <input type="checkbox"/> An IRB for \$225 made payable to OISS. The \$225 is a departmental fee and cannot be paid by the scholar. This departmental fee has been revised effective January 5, 2015 to include the mailing charges of the DS-2019 to the visiting scholar * | |
| <input type="checkbox"/> OISS DS-2019 Request Forms | |
| <input type="checkbox"/> Copy of Wayne State University's Letter of Offer of employment | |
| <input type="checkbox"/> Copy of WSU's invitation letter, if funded by source other than WSU | |
| <input type="checkbox"/> Certified financial document, if funded by source other than WSU | |
| <input type="checkbox"/> Copies of previous DS-2019/IAP-66's, if any | |
| <input type="checkbox"/> Copies of objective measurement of English Language proficiency * | |
| <input type="checkbox"/> Copy of their resume or CV, indicating a completion of a bachelor's degree (minimum) in a related field | |
| <input type="checkbox"/> Copy of their passport | |
| <input type="checkbox"/> School of Medicine only - original Alien Physician Letter for an initial DS-2019 for M.D. | |
| <input type="checkbox"/> Number of dependent(s) accompanying J-1 scholar | |
| <input type="checkbox"/> If requesting J-2 DS-2019(s), attach proof of relationship, such as a marriage or birth certificate | |
| <input type="checkbox"/> If requesting J-2 DS-2019(s), attach a copy of the dependent's passport | |
| <input type="checkbox"/> Other | |

***Effective January 5, 2015, as a requirement from the Department of State (DOS), the DS-2019 cannot be faxed or emailed to the visiting scholar. To ensure this requirement, OISS will be mailing the DS-2019 directly to the visiting scholar. DOS also requires proof of English language proficiency, so please provide a recognized English language test like TOEFL; or Signed documentation from an academic institution or English language school; or a documented interview conducted by the department either in-person or by videoconferencing, or by telephone.**

Please allow 10 business days for processing. In certain cases, such as transfer, amendment, etc., we will require more documentation/information. Please note that it could take more than 10 days for processing, as coordination with another J-1 sponsor might be needed.

OISS STAFF ONLY

| | From Date | To Date |
|---|-----------|---------|
| <input type="checkbox"/> Verified Health Insurance Coverage | | |
| <input type="checkbox"/> Verified Repatriation Coverage | | |
| <input type="checkbox"/> Verified SEVIS Payment | | |

Verified by: _____ Date: _____