

**FORM INSTRUCTIONS**

**THIS FORM IS TO BE COMPLETED BY THE WSU HOST DEPARTMENT**

Please include the following:

- Copies of the J-1's and any J-2's Passport Identity Pages
- Financial Certification Letter (if not funded by WSU)
- Copies of Previous J-1 and/or J-2 DS-2019 Forms (if applicable)
- J-1 Transfer-In Form (if applicable)

**PURPOSE OF THE FORM (CHECK ALL THAT APPLY)**

- The applicant is overseas and will be applying for a U.S. visa abroad
- The applicant is in the U.S. in another immigration category and will apply for change of status
- The applicant is currently with another WSU department and wishes to transfer to our department
- Facilitate entry of spouse and/or children to the U.S.
- Other

**POSITION INFORMATION**

I am requesting a DS-2019 for a:

- New Appointment      Deadline: 10 weeks prior to start date
- Program Extension      Deadline: 1 month prior to DS-2019 end date
- Transfer-In      Deadline: 2 month prior to start date
- Change of Status      Deadline: 4-6 months prior to start date

Visa Category:

- Short-Term Scholar (research or teaching for 6 months or less)
- Research Scholar (research or teaching for more than 6 months)
- Professor (teaching for more than 6 months)
- J-1 Intern

Program Dates:

Start: \_\_\_\_\_ End: \_\_\_\_\_  
(month/day/year) (month/day/year)

WSU Title:

Specific Field:

Percent Time:

Description of the scholar's proposed Research/Teaching at WSU:

Site of Activity:

Will the scholar participate only in the primary activity at WSU?       Yes     No\*

\*If No, please indicate the other site(s) of activity, using a separate sheet if necessary.

WSU Site of Activity	
Site Name:	
Address:	
Other Site of Activity	
Site Name:	
Address:	
Other Site of Activity	
Site Name:	
Address:	

**SCHOLAR INFORMATION** (ENTER ALL INFORMATION AS IT APPEARS ON THE PASSPORT)

Family/Last Name:	
Given/First Name:	Middle Name(s):
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:
City of Birth:	Country Birth:
Country of Citizenship:	Country of Legal Permanent Residence:
Position in Home Country: <input type="checkbox"/> Graduate Student <input type="checkbox"/> Researcher <input type="checkbox"/> Professor <input type="checkbox"/> Other: _____	
International Phone Number:	Email Address:
Residential Address in Home Country (DO NOT list a work address. DO NOT list a P.O. Box) Street: _____ City: _____ State/Province: _____ Postal Code: _____ Country: _____	
Mailing Address, if different than above (DO NOT list a P.O. Box) Street: _____ City: _____ State/Province: _____ Postal Code: _____ Country: _____	
Is the scholar currently in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, what is the scholar's current visa status? _____ If YES, include the scholar's past and current legal documents (e.g. DS-2019, I-94, I-797 approval, etc.) IMPORTANT: If the scholar is transferring their J-1 program to WSU, include the WSU J-1 Scholar Transfer In Form	
Has the scholar previously participated in a J-1 or J-2 program in the past 24 months? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, include all previous DS-2019 form(s)	
Will any dependents (e.g. spouse or children) accompany the scholar? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, complete the Dependent Information section of this form. Also include copies of the dependent's passport(s) and documentation of appropriate additional funding.	

**DEPENDENT INFORMATION**

Only complete this session if requesting a J-2 DS-2019. Only spouses and unmarried children younger than 21 are eligible. Enter information as it appears on the passport and attach additional pages if necessary.

1.	Family/Last Name(s):		
Given/First Name(s):		Middle Name(s):	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Child		Date of Birth:
Place of Birth:	Country of Citizenship:	Country of Legal Permanent Residence:	
International Phone Number:		Email Address:	
2.	Family/Last Name(s):		
Given/First Name(s):		Middle Name(s):	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Child		Date of Birth:
Place of Birth:	Country of Citizenship:	Country of Legal Permanent Residence:	
International Phone Number:		Email Address:	
3.	Family/Last Name(s):		
Given/First Name(s):		Middle Name(s):	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Child		Date of Birth:
Place of Birth:	Country of Citizenship:	Country of Legal Permanent Residence:	
International Phone Number:		Email Address:	
4.	Family/Last Name(s):		
Given/First Name(s):		Middle Name(s):	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Child		Date of Birth:
Place of Birth:	Country of Citizenship:	Country of Legal Permanent Residence:	
International Phone Number:		Email Address:	

**HOST DEPARTMENT INFORMATION**

WSU Host Department:	
Department Address:	
Department Contact:	
Phone Number:	Fax Number:
Email Address:	

**ENGLISH LANGUAGE PROFICIENCY STATEMENT BY SUPERVISOR/PI (FOR NEW APPOINTMENTS ONLY)**

By signing below, I conform that I have conducted an interview with the prospective J-1 scholar either in-person, by videoconference, or by telephone, and that the scholar has sufficient English proficiency not only to successfully participate in their program but also to function on a day-to-day basis.

Date of Interview: \_\_\_\_\_ Time of Interview: \_\_\_\_\_

Method used:    In-Person     Videoconference     Telephone

Interviewer's Signature: \_\_\_\_\_

**FINANCIAL INFORMATION**

Financial certification in English and in U.S. Dollars is required for financial support not supplied by WSU. If a funding document does not list funding in U.S. Dollars, a conversion must be submitted. Scholars must provide at least \$1,454/month proof of funding for self plus an additional \$500/month for a spouse and an additional \$400/month for each child.

Funding Source	Amount Per Month	Number of Months	Total Amount
Wayne State University			
US Government Agency Please Specify: _____			
Scholar's Home Government Please Specify: _____			
International Organization Please Specify: _____			
Other Organization Please Specify: _____			
Personal Funds			
<b>Total Required for Program:</b>			
<b>Total Scholar has for Program:</b>			

**DOCUMENT CERTIFICATION BY SCHOLAR**

I hereby attest that the copies of the documents that I have submitted are exact photocopies of unaltered original documents. I understand that I may be required to submit original documents to immigration, consular, or WSU school official at a later date. I confirm that I have signed the J-1 Scholar Statement of Responsibility Form.

Scholar Name:

Scholar Signature:

Date:

**SIGNATURE AUTHORIZATION**

I hereby state that I have verified this information and confirm that WSU meets U.S. Department of State's standards listed in this Request to host the aforementioned J-1 scholar and their J-2 dependent(s).

**SPONSORING PROFESSOR**

Name:

Department:

Email Address:

Phone:

Signature:

Date:

**DEPARTMENT CHAIR**

Name:

Department:

Email Address:

Phone:

Signature:

Date:

**DEAN, DIV. COORDINATOR, OR OFFICIAL DESIGNEE**

Name:

Department:

Email Address:

Phone:

Signature:

Date:

**DEPARTMENT / DIVISION CONTACT IF OTHER THAN ABOVE**

Name:

Department:

Email Address:

Phone:

Signature:

Date:

**EXCHANGE VISITOR STATEMENT OF RESPONSIBILITY**

Please review each item below carefully. You are responsible for adhering to these rules and regulations. By signing at the bottom, you declare that you understand the consequences, if you fail to do so.

I understand it is **my responsibility** as a J-1 Exchange Visitor that:

- I can only engage in activities as specified on my DS-2019 form.
- In the case of a transfer to another university, I must process my J-1 SEVIS transfer on or before the ending date of the program, which is stated at #3 on the DS-2019 form. I will meet with an OISS Advisor at least 10 business days before I transfer out of WSU.
- I may not accept employment at WSU in a department other than the one stated on my DS-2019 form without authorization from OISS.
- I will keep my passport valid at all times.
- I must have a valid J-1 visa stamp in my passport, as well as a travel signature on my valid DS-2019, to enter the U.S. after a temporary visit abroad.
- I will report any change of field of studies, funding source or name change to OISS within 10 days of such change.
- I will provide OISS with any change in my (and my dependent's) place of residence in the U.S. within 10-days of such change. The address I provide will be the actual physical location where I reside.
- I understand that, per the requirement from the U.S. Department of State, during my period of appointment at Wayne State University as a J-1 Exchange Visitor, I must comply with the Department of State (DOS) regulations which require that I purchase health insurance for myself and my accompanying J-2 dependents (spouse and children), if applicable, throughout the duration of my/our visit in the U.S. I understand that failure to comply with this requirement will result in termination from the Exchange Visitor Program at Wayne State University.

\_\_\_\_\_  
Signature of Exchange Visitor

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Date