

DS-2019 REQUEST FORM

APPLICATION FOR THE CERTIFICATE OF ELIGIBILITY FOR EXCHANGE VISITOR (J-1) STATUS

Important Notes:

- J-1 Researchers, Professors or Specialists may not be registered for full-time hours at the University of Houston and may not pursue a degree as a J-1 Researcher or Professor.
- A DS-2019 Extension will not be issued until proof of health insurance & dependent health insurance, if applicable, has been provided to the International Student and Scholar Services Office.
- J-1 Visitors who plan to obtain health insurance other than a University of Houston Employee Health Insurance Plan should submit to the International Student and Scholar Services Office a copy of their health insurance policy in English and a contact "800" telephone number for the insurance company for evaluation prior to purchasing the policy. If the policy does not meet Federal requirements, the J-1 Visitor must purchase a policy that does meet the requirements.
- J-1 Visitors who have or will have a University of Houston Employee Health Insurance Plan must also purchase an additional policy for Medical Evacuation and Repatriation, which costs, to date, \$30 per year per person and is not pro-rated. The J-1 visitor should be reminded that there is a deadline date for adding dependents to UH Employee Health Insurance.
- The United States Department of State limits participation of a J-1 Exchange Visitor in the Researcher and Professor categories in consecutive J-1 programs under the following two conditions: (1) If s/he has participated in another program within 24 months of the proposed new program start date at UH and/or (2) If s/he has been in any J status except "Short-Term Scholar" for 6 months or more within 12 months of the proposed new program start date at UH. Consequently, it is extremely important that item #9 on this request form be carefully completed.
- An exchange visitor in any category may transfer from one program sponsor to another if the purpose of the transfer is to complete the objective for which s/he was admitted to exchange visitor status, and if the exchange visitor remains in the same category. It is recommended that the transfer request be submitted at least 30 days prior to DS-2019 program ending date and the proposed consecutive starting date with the new sponsor to allow for processing of paperwork. Any employment under the new sponsor may not commence until the exchange visitor receives a DS-2019 from the new sponsor.
- The U.S. State Department indicates a J-1 Visitor may participate in a tenure-track position as long as s/he is not a candidate for tenure.
- Some J-1 exchange visitors and their dependents are subject to the Two-Year Home Country Physical Presence Requirement. Exchange visitors subject to this requirement are prohibited from changing to any other non-immigrant or immigrant status unless they first obtain a waiver of the requirement. Schedule an appointment with our office to discuss the necessary steps for obtaining a waiver.
- Once the waiver of the two-year home-country physical presence requirement has been recommended by the U.S. Department of State, the J-1 exchange visitor is no longer eligible for J-1 program extensions.

When completed, Departments pay with an SCVoucher and scan the request. Students return the request to: ISSSO, room 302, SSC 1 (mail code: 3024). Please allow us at least one week to complete the DS-2019 form. We will call your office when it is ready for pickup. For questions please call Anita Gaines at extension 35065.

(Revised 01/07) G:\J1\J1Staff\DS-2019

J-1 Researchers with Staff jobs must comply with UH Staff requirements. All staff positions (include research staff) must be posted through the Human Resources job posting system (OJS).

DS-2019 REQUEST FORM

The following information must be FULLY COMPLETED by your department:

Select a value from the list below:

1. Name (J-1): _____, _____, _____
(Family name) (Given name) (Middle name)

2. Sex: M F 3. Title: 4. Date of Birth: -- (mm/dd/yy)

5. Place of birth: _____, _____, _____
(City) (State or other) (Country)

6. (a) Country of Citizenship: _____
(b) Country of Legal Permanent Residence: _____

7. **Specify** visitor's **present** POSITION in home-country: _____

TYPE OF POSITION MUST BE CHOSEN:

(Government / Private Sector / Academic / Undergraduate Student / Graduate Student / Other)

8. U.S. address: Foreign address:

Phone no: _____ E-mail address: _____

9. Is the visitor here now? Y N OR has he/she been in the U.S. before? _____ If yes, give:

Previous visa type:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
J Category:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Previous location:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Previous DS-2019 dates:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

10. The period of stay in the U.S. to be covered by the form DS-2019:

(Professor/Research Scholar/Specialists extensions must be done on a one year or less basis. The period of stay should NOT exceed a total of 5 years for Professors and Research Scholars.)

FROM: -- TO: --

11. Choose the most appropriate category for the exchange visitor: (Must be selected)

All categories except student: Please submit \$80.00 annual fee via SCVoucher or check payable to U.H. The charge is \$50 for one semester or less.

NOTE: Only J-1 Exchange Visitors in the STUDENT category may participate in full-time studies and pursue a degree

12. Brief description of primary educational activity and duties in which the Exchange Visitor will be engaged:

13. Will UH have financial obligation to the visitor for the period listed in Item #10:

- NO -> Skip to #14
- YES -> continue to #13.a.

(a) Salary per month: \$ _____ + Non-Salary: \$ _____ = ANNUAL TOTAL: \$ _____

If UH provides a salary, answer b-f. If no salary provided, skip to #14

(b) Salary appointment per year is: 9 month 12 month Other

(c) Faculty Staff (Requires HR Approval)

(d) Job Code _____ Job Title _____ Posting Number _____

(e) Is the visitor a current UH employee? No Yes

If yes, provide Employee ID: _____

(f) HR Approval Signature _____

14. Financial support from personal/organization OTHER THAN U.H. Please specify name, amount of support, supporting documents via official letter or affidavit of support (I-134).

DOCUMENTS MUST BE IN ENGLISH AND SUPPORT AMOUNT IN U.S. DOLLARS:

Dollar amount total: \$ _____

This category of support is: Government _____ Private _____ **SELECT THE APPROPRIATE CATEGORY**

*****STUDENTS MAY NOT BE SUBSTANTIALLY FUNDED FROM PERSONAL OR FAMILY FUNDS*****

15. Is the Visitor accompanied by a dependent spouse/children under the J-2 visa? Yes ___ No ___

If yes, please complete the following information for EACH FAMILY MEMBER:

Full name:(last,first,middle)

Relationship:

Birth date:

Birth city:

Birth country:

Citizenship:

Country of legal permanent residence:

_____	_____	_____
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16. The U.S. State Department requires ALL J-1 and J-2 visa holders to have medical insurance. **Medical insurance usually does not cover pre-existing conditions such as pregnancy, illness, or other pre-existing conditions. Most policies require dependents to be covered upon arrival, or within 30 days of arrival in the U.S. The J-1 should make arrangements for continual coverage in the U.S. that meets the U.S. Code of Federal Regulations minimum requirements. Therefore, please complete the following:**

HEALTH INSURANCE for individuals listed in items #1 and #15 of this form will be provided by:

____ Employee Benefits Eligible Plan from the University of Houston

____ Another organization or by the individual listed in item #1.

NOTE: Failure of an exchange visitor and accompanying dependents to maintain health insurance may lead to the termination of the exchange visitor's program.

17. Please give name, campus address, and telephone extension of the staff person to contact when the request is ready:

Name: _____ Interoffice. mail: _____ Phone no. _____

18. Person responsible for supervising the exchange visitor's program activities:

Name: _____ Interoffice.mail: _____ Phone no. _____

NOTE: The section below to be completed by the authorized person at the University of Houston:

19. Exchange Visitors may be in a tenure track position at U.H. as long as s/he is not a candidate for tenure.

The Exchange Visitor named in item # _____ is not _____ is a candidate for tenure.

I certify that the information on this form is correct to the best of the department's knowledge:

Signature of Dean or Chairman: _____

Name of Dean or Chairman: _____

Name of College or Department: _____ **Date:** _____

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room 302, SSC 1 (mail code: 3024). Please allow us at least one week to complete the DS-2019 form. We will call your office when it is ready for pickup. For questions please call Anita Gaines at extension 35065.

DS-2019 Extension Request

CERTIFICATION

I understand that as a J-1/J-2 visa holder, I am required to maintain health insurance with minimum coverage as specified in the "Statement of Understanding regarding the Health Insurance requirement for the J-1 Exchange Visitor Program" for myself and accompanying dependents. I hereby affirm that I have the stated insurance for the effective period of all valid Form(s) DS-2019 issued to me.

® Exchange visitors subject to the two-year home residency requirement who have been granted a waiver of this requirement are ineligible to extend J-1 status. In order that we may determine eligibility of extending your DS-2019, it is mandatory for you to certify if you have or have not applied for a waiver by answering the question below.

HAVE YOU APPLIED FOR A WAIVER OF THE TWO-YEAR HOME RESIDENCY REQUIREMENT?
___ YES ___ NO

If yes, please provide your Department of State Case Number :

I hereby certify that I have read and understand the information regarding the insurance requirement as set forth by the U.S. Department of State. I understand the two-year home residency requirement. The information given by me on this application to extend J-1 status is true and correct to the best of my knowledge.

Signature of Exchange Visitor (Required)

Date