

**REQUEST FOR FORM DS-2019**  
**Certificate of Eligibility for the Exchange Visitor (J-1)**  
**FOR VISITING SCHOLARS**

**When a UNL department has invited an international scholar for a visit, the J-1 visa is often the most appropriate visa for the Scholar.**

**This request should be completed by the host department, signed by the department chair/head or director, and sent or faxed with supporting documentation to the International Student and Scholar Office (ISSO). It is recommended that a department initiate this request at least two (2) months prior to the scholar's intended visit to allow sufficient time to obtain a visa and travel to the U.S. to begin their program.**

**If the scholar is eligible to participate in the exchange visitor program, to ISSO will issue a Form DS-2019 which the department will forward to the exchange visitor. The scholar will use the Form DS-2019 either to apply for the visa and enter the U.S. or to transfer visa sponsorship to UNL from another Exchange Visitor (J-1) program to pursue the same objectives.**

**Instructions regarding applying for a visa and insurance coverage as required by federal regulations will be included with the Form DS-2019 to be sent to the scholar.**

**Please use this request form to apply for a scholar beginning a new program at UNL. To request an extension of stay for a scholar already at UNL please complete an extension request form which can be obtained from the ISSO website (<http://isso.unl.edu>).**



**International Student and Scholar Office**  
**Seaton Hall, Suite 201**  
**Lincoln, NE 68588-0639**  
**Phone: 402-472-0324 Fax: 4402-472-0589**  
**E-mail: [isso@unl.edu](mailto:isso@unl.edu) Web: <http://isso.unl.edu>**

\*\*\* Scholar's E-mail Address \_\_\_\_\_

## PART I-SCHOLAR INFORMATION

1. Name of Scholar: \_\_\_\_\_ / \_\_\_\_\_  
Family/Last Name Given/First Name(s) (including middle name)

2. Male/Female: \_\_\_\_\_ 3. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ 4. Place of Birth: \_\_\_\_\_ / \_\_\_\_\_  
Month/ Day /Year City Country

5. Citizen of: \_\_\_\_\_ 6. Legal Permanent Resident of: \_\_\_\_\_  
Country Country

7. Occupation, Employer & City of employer in country of permanent residence:  
\_\_\_\_\_

8. Highest degree received (check one): \_\_\_\_\_Ph.D \_\_\_\_\_Masters \_\_\_\_\_Other (identify)  
(If less than master's degree, justify designation as a scholar):  
\_\_\_\_\_

9. What is the basis of your determination that this person has adequate English skills to function as a Visiting Scholar in your department?  
\_\_\_\_\_

10. Has this Scholar held J-1 or J-2 immigration status at any U.S. institution in the past 12 months? (Yes/No) \_\_\_\_\_  
If yes, give dates, location and purpose of most recent visit: \_\_\_\_\_  
(Attach copies of all previous IAP-66 or DS-2019 forms and, if the scholar is in the U.S., a copy of both sides of his or her Form I-94)  
Note: a Scholar may not change J-1 category, e.g., student to scholar, in the U.S.

11. Has this Scholar previously visited UNL with the J-1 visa? (Yes/No) \_\_\_\_\_ If yes, give most recent dates: \_\_\_\_\_

## PART II-PROGRAM INFORMATION

12. Scholar's academic field: \_\_\_\_\_

13. Area of specialization: \_\_\_\_\_

14. Description of Scholar's proposed activities at UNL: (Examples: conduct research in atomic physics; teach courses in Italian; conduct three-day workshop in ecology; observe university administration.)  
\_\_\_\_\_

15. Dates of visit at UNL: from \_\_\_\_\_ to \_\_\_\_\_

**Dates should include program dates ONLY. they can not include additional time for tourist or non-program activities.**

*A visiting Professor/Research Scholar on a J-1 visa may be documented to stay in the U.S. for a maximum of three years, although an extension of six months may be permitted for good cause to complete teaching or research responsibilities. An individual is not eligible to begin a new program in the "Professor or Research Scholar" category if he/she has been physically present in the U.S. in J-1 or J-2 status for six months or more of the 12 month period immediately preceding the proposed starting date of the new exchange program; however, a Professor/Research scholar currently in the U.S. in the J-1 visa classification status may transfer to a different Exchange Visitor (J-1) program.*

16. Is there a possibility that Scholar will extend his or her stay at UNL beyond the dates given above? (Yes/No) \_\_\_\_\_  
If yes, will Scholar extend their stay by a total of more than six months (Yes/No) \_\_\_\_\_

17. Proposed job title at UNL (the J-1 visa may not be used for tenured or tenure-track positions): \_\_\_\_\_

18. Will the Scholar be employed by or visiting other U.S. institutions before or after the UNL visit? (Yes/No) \_\_\_\_\_  
If yes, give details on separate sheet or call the ISSO to discuss. (A J-1 Scholar is permitted to remain in U.S. for up to 30 days of travel after completing the UNL program without special permission; no employment is permitted during this period.)

**PART III-FUNDING INFORMATION**

19. List all sources of support to Scholar during the visit. Minimum support is \$1200 per month plus \$700 per month for an accompanying spouse and \$350 per month for each accompanying child. **Indicate total amount of funding in U.S. dollars for the entire visit; please do not indicate monthly or annual salary.**

<u>SOURCE</u>	<u>AMOUNT</u>
Host Department at UNL: _____	\$ _____
<b>REQUIRED EVEN IF NO FUNDING BY UNL:</b> UNL ____ will ____ will not (check one) pay Visitor with U.S. Government funds obtained specifically for international exchange. If yes, provide explanation or copies of relevant awards, contracts or correspondence.	
Other UNL department(s) (provide letter from department chair/head or director): _____	_____
Scholar's government (identify ministry or agency): _____	_____
Other organization(s) (identify): _____	_____
Personal funds (provide personal statement <u>and</u> bank statement or employer's letter regarding sabbatical pay, etc.) _____	_____

**IMPORTANT: Provide documentation of any funding, normally a letter from the funding organization specifying the dates of the visit and the specific amount of funding. (A letter from the Scholar is not sufficient documentation.)**

**PART IV-DEPENDENT INFORMATION**

20. To be completed only if the Scholar intends to bring a spouse or child to the United States. Be certain that the information provided is consistent with the individuals' passports. If no dependents will be coming to the United States, leave blank and go to Part V.

Name (LAST/ First)	Relationship to Scholar	Date of Birth month/day/year	City of Birth	Country of Birth	Country of Citizenship	Gender (M/F)
		/ /				
		/ /				
		/ /				
		/ /				

**NOTE: Requirements for health insurance applies to J-2 dependents as well and verification of insurance will be required.**

**PART V-DEPARTMENTAL INFORMATION AND CERTIFICATION**

- 21. a. I certify the accuracy of the information provided above.
- b. I recognize that incomplete information will delay the issuance of Form DS-2019. It is recommended that a department initiate this request **at least two (2) months prior** to the Scholar's intended visit. It may be helpful to send the Scholar's c.v. to the ISSO with this Request.
- c. I understand that the Scholar may be employed during the dates of the program only, even though the individual may enter the U.S. up to 30 days in advance and may remain 30 days after completion.
- d. I understand that if the Scholar wishes to enroll as a part-time, non-degree student, he/she must first meet UNL admission requirements, including English proficiency documented by a satisfactory TOEFL score, and pay tuition and fees.
- e. I will direct the Scholar to **report to the ISSO immediately upon arrival** at UNL with his /her INS documents.  
(*Form I-94, passport and Form DS-2019*).
- f. All **J-1 Scholars are required by federal regulation to have health and accident insurance with coverage for medical evacuation and repatriation of remains**. I understand this federal insurance requirement and will urge the Scholar to obtain the insurance immediately upon arrival, if not sooner. The ISSO has informational brochures regarding insurance policies specifically designed for International Scholars.
- g. I will direct the Scholar to **attend the next J-1 Scholar Orientation held the first Wednesday of each month from 9:00-10:00 A.M. at the ISSO**.
- h. I will **report the termination/departure of the Scholar from the department to the ISSO**.

**Certified:**

Name of Requesting Faculty Member	Signature	Date
Phone	E-mail Address	

**22. Approval of Department Chair/Head or Director**

Name	Signature	Date
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**23. Return Information** (UNL person to whom Form DS-2019 and attachments should be sent for transmittal to Scholar)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Department: \_\_\_\_\_

Campus Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Campus Zip: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**FOR USE BY the International Student and Scholar Office**

DS-2019 approved as: <input type="checkbox"/> Professor <input type="checkbox"/> Research Scholar <input type="checkbox"/> Short-Term Scholar <input type="checkbox"/> Specialist	Comments: _____
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International Student/Scholar Specialist in ISSO	Date
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