



**REQUEST for EXTENSION or AMENDMENT of
EV PROGRAM and DS-2019
CERTIFICATE OF ELIGIBILITY FOR EXCHANGE VISITOR (J-1) STATUS**

This form is to be used by OSU departments wishing to invite exchange visitors to OSU. The data and supporting documents requested with this form will allow ISS to complete a "Certificate of Eligibility for (J-1) Exchange Visitor (J-1) Status" commonly known as a DS-2019 Form. The completed and signed DS-2019 will allow the exchange visitor to apply for a J-1 visa at a U.S. Consulate/Embassy in their country. Any incomplete sections will result in a longer processing time for the form DS-2019.

The responsible OSU department hosting the Exchange Visitor must:

- 1) Complete and sign the **DS-2019 Extension Request Form**
- 2) Include all **required supplemental documents**:
 - Letter of invitation** describing terms and conditions and length of stay
 - Financial Documentation** for all sources - letter from visitor's funding source(s) specifying amounts in U.S. dollars. This may include letters of offer, bank statements, etc. All documents must be dated within 6 months of request and have the exchange visitor's name on the document.
 - Copies of all **DS-2019s and J visas, and I-94s**
 - Verification of Extended Health Insurance Coverage (see attached) – for program extensions only
 - Dependent Verification Form (see attached, if applicable)
- 3) **Verify that ALL data on request form is identical to information page(s) on passport(s).**
- 4) Provide **instructions and payment** for sending the document to the visitor.

FOR MORE INFORMATION CONTACT:

Regina Henry, Responsible Officer – Exchange Visitor Program
regina.henry@okstate.edu, Tel: (405) 744-5459

Elaina Mullins, Alternate Responsible Officer – Senior Administrative Assistant
jscholar@okstate.edu, Tel: (405)744-5482

DS-2019 Extension or Amendment Request Form

SECTION I – EXCHANGE VISITOR INFORMATION

| | | | | | | | | |
|------------------------------|--|--|------------------|---------------------|--|------------|--|--|
| Last/Family Name _____ | | | First Name _____ | | | CWID _____ | | |
| Current U.S. Address : _____ | | | | Cell Phone: _____ | | | | |
| Office Address: _____ | | | | Office Phone: _____ | | | | |

SECTION II – PURPOSE OF REQUEST

| | | |
|--|---|---|
| <input type="checkbox"/> Extend Current J-1 Program Include letter confirming extension, poof of funding, and copies of all I-94s, DS-2019s, and visas | Current End Date ____/____/____ mm / dd / yyyy | New End Date ____/____/____ mm / dd / yyyy |
| <input type="checkbox"/> Amend Program Data – Please provide description of amendment | | |

SECTION III – DEPARTMENT INFORMATION

| | | | | | |
|---|--|----------------|--|--------------|--|
| Department: _____ | | Address: _____ | | | |
| Dean or Department Head (name/title): _____ | | | | | |
| Supervisor of Visitor: _____ | | Tel: _____ | | Email: _____ | |
| Other Contacts in Unit: _____ | | Tel: _____ | | Email: _____ | |

SECTION IV – HEALTH & EMERGENCY MEDICAL EVACUATION INSURANCE

The Department of State requires that all J-1 visa holders maintain health and emergency medical evacuation insurance for the duration of their program. Failure to fulfill this requirement can result in the termination of the exchange visitor's program.

The exchange visitor must show proof of an extended insurance plan before an extension will be issued.

SECTION V - FUNDING SOURCES (Attach documents verifying funds. Please specify per month or year.)

Financial support of the visitor will be provided by:

| <u>SOURCE</u> | <u>AMOUNT IN USD</u> |
|--|----------------------|
| 1. OSU Salary from Academic Department: | \$ _____ per mo./yr. |
| 2. Grant to OSU: Please provide a description of the source. Does any of the funding provided by OSU come from a U.S. governmental agency specifically for the purpose of facilitating International exchange or for the support of this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, include copies of grant documentation. | \$ _____ per mo./yr. |
| 3. Other: Documentation must be included for all non-OSU funds. <u>Must be translated into English and converted to USD.</u> | \$ _____ per mo./yr. |
| 4. Personal Funds of Scholar: | \$ _____ per mo./yr. |
| TOTAL FUNDING FOR REQUESTED TIME PERIOD | \$ _____ per mo./yr. |

The minimum financial support for a Visiting Exchange scholar is **\$1,200/month (\$14,400/year)**. Support of **\$850/month (\$10,200/year)** must be shown for a spouse and **\$450/month (\$5,400/year)** for each child. These figures include the monthly/yearly health insurance cost. Documents verifying funds must be dated within 6 months of this request.

Documents must be in English and amounts should be in U.S. currency.

SECTION VII - PROCESSING FEES & MAILING INSTRUCTIONS

The ISS \$25 extension processing fee will be charged upon DS-2019 issuance and should be charged to the following:

Dept. Acct. and Sub-code: _____ **OR** The Scholar will be billed to his/her bursar account

Name of Department Administrative Assistant: _____

Contact: _____ Phone: _____

Department: _____ Address: _____

Please call/email when DS-2019 is ready: _____

SECTION VIII – DEPARTMENTAL CERTIFICATION

Please read before signing below.

In compliance with the federal regulations governing the J-1 Exchange Visitor Program, I certify that all of the information given on this form is true and accurate to the best of my knowledge. I also authorize all charges to accounts as outlined above.

| | | |
|--|-----------|-------|
| Dean/Director/Chair | Name | Title |
| | Signature | Date |
| Inviting/Supervising Faculty Member | Name | Title |
| | Signature | Date |

Agreement to Abide by the Mandatory J-1 Health Insurance Requirement for Exchange Visitors

U.S. Department of State regulations require all J-1 Exchange Visitors to have medical insurance for themselves and any accompanying J-2 family members for the duration of the program. This insurance must meet the following requirements:

- Major medical coverage: \$100,000 (deductible not to exceed \$500)**
- Repatriation of Remains: \$ 25,000**
- Medical Evacuation: \$ 50,000**

It is the responsibility of the J-1 to notify the ISS of dependents who are currently in the U.S. or who arrive at a later date and present evidence of the appropriate insurance coverage for the J-2s.

Exchange Visitors and their family members are considered to be in violation of J-1 status if they do not have insurance coverage and the ISS is required to terminate their program.

The exchange visitor must provide proof of extended insurance coverage with this DS-2019 Extension Request *before* a program extension can be granted.

CERTIFICATION by SCHOLAR:

My signature below acknowledges that I understand this regulation and accept responsibility for securing and maintaining the required insurance. Further, my signature confirms my understanding that if I am found to be in willful violation of the health insurance regulations, the International Students & Scholars staff is required to terminate me as a participant in the OSU Exchange Visitor program and I will be required to depart the U.S. immediately.

Printed Name

Signature

Date

Please list names of any J-2 dependents currently in the U.S.
(These dependents will require an extension of insurance coverage.)

Relationship



Dependent Request and Verification for Extension of EV Program

To be completed by Exchange Visitor

Last Name: _____ First Name: _____ CWID: _____

**Please complete the following form and attach required documentation for all dependents requested.
 (Please attach an additional form, if necessary.)**

- Copy of dependent's biographical page of passport
- Financial Guarantee

Spouse: \$850 per month (\$10,200/year), Child: \$450 per month (\$5,400/year)

*Note: Dependents under the age of 18 are not required to provide an email address

Dependent Information:

1. Last Name: _____ First Name: _____
 Relationship: _____ Date of Birth (mm/dd/yyyy): _____
 City of Birth: _____ Country of Birth: _____
 Country of Citizenship: _____ Email*: _____
2. Last Name: _____ First Name: _____
 Relationship: _____ Date of Birth (mm/dd/yyyy): _____
 City of Birth: _____ Country of Birth: _____
 Country of Citizenship: _____ Email*: _____

**If any dependents have resided with you during your time in the U.S., please verify their current status.
 (Please attach an additional form, if necessary.)**

1. Name: _____ Relationship: _____
 Currently in U.S.? Yes / No If no, when did this dependent depart the U.S.? _____
 If yes, when does this dependent plan to depart the U.S.? _____
2. Name: _____ Relationship: _____
 Currently in U.S.? Yes / No If no, when did this dependent depart the U.S.? _____
 If yes, when does this dependent plan to depart the U.S.? _____

I understand that:

1. I am responsible for checking in with the ISS Office within 10 days of the first arrival and prior to the final departure of all J-2 dependents.
2. All J-2 dependents must secure and maintain health insurance meeting the minimum U.S. Department of State requirements for the duration of their stay in the US.
3. I am responsible for providing the ISS Office with a current address in the event that any or all of my dependents are living separately from me.

"I hereby certify the above information is true and accurate."

Signature of Exchange Visitor: _____ Date: _____

For ISS Use Only: Date Received: _____ Received by: _____ Date DS-2019 Issued: _____