

# Department Request for a DS-2019 For a Research Scholar, Short Term Scholar, Visiting Professor or Student Intern

Please complete the entire form. Any missing information can cause delays. Submit completed form and all supporting documentation to  
International Student and Scholar Services, 104 International Student Center.

## Part 1 - Information to Be Completed the Exchange Visitor:

To be completed by the prospective Exchange Visitor.

Family Name:	First and Middle Names:
Email Address: The DS-2019 will be emailed to this address.	
Are you currently in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, are you currently a J-1 Research Scholar or Professor? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If transferring from another program/University, attach copies of all previous DS-2019s. Time spent under a previous J-1 program will count toward the 5-year maximum stay. The J-1 Exchange Visitor must complete the Scholar Transfer-In Form and submit to <a href="mailto:arobson@ksu.edu">arobson@ksu.edu</a>.</i>	
Have you ever been in J-1 or J-2 (dependent) status in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, on a separate page, please list all dates in J status and indicate the J category. The category is found on the DS-2019, item 4. Attach copies of all previous DS-2019s.	
Date of Birth: (Month/Day/Year)	<input type="checkbox"/> Male <input type="checkbox"/> Female
City of Birth:	Country of Birth:
Country of Citizenship:	Country of Permanent Residence:
I am currently (check one):  <input type="checkbox"/> An Undergraduate Student at Name of University. <input type="checkbox"/> A Graduate Student <input type="checkbox"/> Professor, Instructor or Researcher at a University <input type="checkbox"/> Other: Your current position title and name of employer. <input type="checkbox"/> Not currently employed nor currently a student	

## Dependents

NUMBER OF ACCOMPANYING DEPENDENTS: \_\_\_\_\_

If dependents will be accompanying you, complete page 5.

## Part 2 – To be completed by hosting department:

**REQUESTED CATEGORY:** *Note: Any individual who participates in an Exchange Visitor program in the Professor or Research Scholar categories is subject to a 24-month bar on “repeat participation” in those categories. Scholars subject to the bar may not return to the U.S. as a J-1 scholar in the Professor or Research Scholar categories for the 24-month period. This bar also applies to J-2.*

- ☐ Research Scholar (3 weeks to 5 years) – See above for “repeat participation bar”
- ☐ Short-Term Scholar (1 day to 6 months) - *Note that a short-term scholar cannot be extended beyond six months. However Short-Term Scholars are exempt from the “repeat participation bar (see above).*
- ☐ Professor (3 weeks to 5 years) – See above for “repeat participation bar”
- ☐ Student Intern (maximum 12 months)

**Provide a brief, concise description of activities of Exchange Visitor/Intern at K-State**

**Address of the site of Activity if different from the Department’s on-campus address:**

**PROGRAM BEGIN DATE:** \_\_\_\_\_ **PROGRAM END DATE:** \_\_\_\_\_  
(MM/DD/YYYY) (MM/DD/YYYY)

*If 6 months or less, will the department want to extend the stay beyond 6 months?*

Yes ☐ No ☐

Name of faculty host/sponsor:	Email Address:
Sponsoring Department:	Department’s Address:
Contact if other than faculty host/sponsor:	Email of Contact:
Phone number of faculty or contact:	Today’s Date:

## Source of Funding

Complete all sections that apply. Funding should be at least \$1,890 per month for the J-1. If there are accompanying dependents, then there should be an additional \$800 per month for each dependent. Please report in dollars.

Source	Amount	
Visitor's Home Government		<input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Length of Program
Personal Funds		<input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Length of Program
Other-Specify Source:		<input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Length of Program
K-State		<input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Length of Program
If funding by K-State, is this a benefits eligible position?		<input type="checkbox"/> Yes <input type="checkbox"/> No

## Departmental Agreement- Please Read

- The faculty host/supervisor agrees to notify ISSS when the Exchange Visitor (EV) departs K-State or if the EV is no longer participating in the program activities as described above.
- Sponsoring department understands that the EV must maintain health insurance as outlined in CFR 62.14.
- The faculty host/supervisor agrees to notify ISSS of any change in an EV's program during their time at K-State.
- The sponsoring department understands the importance of including a cultural component in the Exchange Visitor's program at K-State as required by 22 CFR 62.8(d). Furthermore, the department agrees to include at least one cross-cultural opportunity during the Exchange Visitor's stay.
- The faculty host/supervisor agrees to notify ISSS if the <sup>3</sup>EV will be outside the U.S. for more than 60 days.

**The request for Exchange Visitors must have the approval of the Unit Head and Dean. The faculty member initiating this request understands the rules associated with exchange visitors.**

\_\_\_\_\_  
*Signature of faculty member*                      *Date*

\_\_\_\_\_  
*Signature of Dean*                                      *Date*

\_\_\_\_\_  
*Signature of Unit Head*                              *Date*

## Supporting Documentation

Please attach the following to this request form. For additional information or acceptable documentation for each item, go to <http://www.k-state.edu/iss/scholars-interns/j-exchange-visitor-program/departments.html>. **Please note that sending these documents separately can cause delays.** Send Request form and supporting documentation to International Student and Scholar Services, 104 International Student Center or email to [arobson@ksu.edu](mailto:arobson@ksu.edu).

- ☐ Copy of invitation letter which outlines the terms & conditions of the Exchange Visitor's (EV) stay. Even if the EV has external funding, the letter must still explain the expectations of the work to be performed at K-State.
- ☐ Verification of funding.
- ☐ Verification of English proficiency.
- ☐ CV or resume.
- ☐ An Export Controls Compliance Review form must be filed through the Office of Research Integrity, Compliance and Security. See <https://www.k-state.edu/comply/research-security/ecp/>. A DS-2019 cannot be issued until ORICS processes the form and sends a signed copy to ISSS.
- ☐ Copy of passport for the EV and all dependents.

### Additional forms for Student Interns:

- ☐ TIPP
- ☐ Certification of Academic Status
- ☐ Contact Office of General Counsel to determine the necessity of an Applied Learning Experience Agreement. That Agreement does NOT need to be attached to this Request form.

**KANSAS STATE**  
**UNIVERSITY**

International Student  
& Scholar Services

104 International Student Center, Kansas State University  
Manhattan, KS, 66506-6701 U.S.A.  
Phone: 785-532-6448 - Fax: 785-532-6607  
Email: [iss@k-state.edu](mailto:iss@k-state.edu)  
[k-state.edu/iss](http://k-state.edu/iss) - [facebook.com/issksu](https://facebook.com/issksu)

## Required Information for Dependents

### Attach copies of passport for each dependent

- Eligible dependents include spouse and/or unmarried children under the age of 21.
- Please provide the information below

1. Family Name:	First and Middle Names:
Email Address:	Date of Birth: (month/day/year)
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> <input type="checkbox"/> Child
City of Birth:	Country of Birth:
Country of Citizenship:	Country of Permanent Residence:

2. Family Name:	First and Middle Names:
Email Address:	Date of Birth: (month/day/year)
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Spouse <input type="checkbox"/> Child
City of Birth:	Country of Birth:
Country of Citizenship:	Country of Permanent Residence:

3. Family Name:	First and Middle Names:
Email Address:	Date of Birth: (month/day/year)
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Spouse <input type="checkbox"/> Child
City of Birth:	Country of Birth:
Country of Citizenship:	Country of Permanent Residence:

4. Family Name:	First and Middle Names:
Email Address:	Date of Birth: (month/day/year)
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Spouse <input type="checkbox"/> Child
City of Birth:	Country of Birth:
Country of Citizenship:	Country of Permanent Residence: