

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.

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

To be completed by the prospective Exchange Visitor.

|  |  |
| --- | --- |
| Family Name: Click or tap here to enter text. | First and Middle Names: Click or tap here to enter text. |
| Email Address: Click or tap here to enter text. |
| Are you currently in the U.S.? [ ]  Yes [ ]  No |
|  If yes, are you currently a J-1 Research Scholar or Professor? [ ]  Yes [ ]  No*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* *pappy@ksu.edu**.* |
| Have you ever been in J-1 or J-2 (dependent) status in the U.S.? [ ]  Yes [ ]  NoIf 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: Click or tap here to enter text. (Month/Day/Year) | [ ]  Male [ ]  Female |
| City of Birth: Click or tap here to enter text. | Country of Birth: Click or tap here to enter text. |
| Country of Citizenship: Click or tap here to enter text. | Country of Permanent Residence: Click or tap here to enter text. |
| I am currently (check one): [ ]  An Undergraduate Student at Name of University. [ ]  A Graduate Student[ ]  Professor, Instructor or Researcher at a University[ ]  Other Your current position title and name of employer.[ ]  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: Click or tap here to enter text. | Email Address: Click or tap here to enter text. |
| Sponsoring Department: Click or tap here to enter text. | Department’s Address: Click or tap here to enter text. |
| Contact if other than faculty host/sponsor: Click or tap here to enter text. | Email of Contact: Click or tap here to enter text. |
| Phone number of faculty or contact: Click or tap here to enter text. | Today’s Date: Click or tap to enter a date. |

**Source of Funding**

Complete all sections that apply. Funding should be at least $1,700 per month for the J-1. If there are accompanying dependents, then there should be an additional $750 per month for each dependent. Please report in dollars.

|  |  |  |
| --- | --- | --- |
| **Source** | **Amount** |  |
| Visitor’s Home Government | Click or tap here to enter text. | [ ] Monthly[ ]  Yearly[ ]  Length of the program |
| Personal Funds | Click or tap here to enter text. | [ ] Monthly[ ] Yearly[ ] Length of the program |
| Other – Specify Source: Click or tap here to enter text. | Click or tap here to enter text. | [ ] Monthly[ ] Yearly[ ] Length of the program |
| K-State | Click or tap here to enter text. | [ ] Monthly[ ] Yearly[ ] Length of the program |
| If funded by K-State, is this a benefits eligible position? [ ]  Yes [ ]  No |

**Once the DS-2019 is issued, I would like it sent to: (check one):**

[ ]  Send via Campus Mail to: Name and campus address

[ ] ISSS to send the DS-2019 directly to the Exchange Visitor. I understand that I will not be sent a copy. The document will be sent via Federal Express or DHL and the Department will be charged for the cost. Please provide the following information.

|  |
| --- |
| Department’s Central Mail Meter Number: Click or tap here to enter text. |
| Complete address of the Exchange Visitor. This address must include the postal code |
| Click or tap here to enter text. |
| Click or tap here to enter text. |
| Click or tap here to enter text. |
| Click or tap here to enter text. |
| Phone Number (This is required by FedEx & DHL): Click or tap here to enter text. |

**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 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.**

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*Signature of faculty member Date Signature of Dean Date*

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*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/isss/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 pappy@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 Control Compliance Review form must be sent to the University Research Compliance Office(URCO). See http://www.k-state.edu/comply/ecp/international-visitors/index.html. A DS-2019 cannot be issued until URCO 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.

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**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: Click or tap here to enter text. | First and Middle Names: Click or tap here to enter text. |
| Email Address: Click or tap here to enter text. | Date of Birth: Click or tap here to enter text.  (month/day/year) |
| [ ]  Male [ ]  Female | [ ]  Spouse [ ]  Child |
| City of Birth: Click or tap here to enter text. | Country of Birth: Click or tap here to enter text. |
| Country of Citizenship: Click or tap here to enter text. | Country of Permanent Residence: Click or tap here to enter text. |

|  |  |
| --- | --- |
| 2. Family Name: Click or tap here to enter text. | First and Middle Names: Click or tap here to enter text. |
| Email Address: Click or tap here to enter text. | Date of Birth: Click or tap here to enter text.  (month/day/year) |
| [ ]  Male [ ]  Female | [ ]  Spouse [ ]  Child |
| City of Birth: Click or tap here to enter text. | Country of Birth: Click or tap here to enter text. |
| Country of Citizenship: Click or tap here to enter text. | Country of Permanent Residence: Click or tap here to enter text. |

|  |  |
| --- | --- |
| 3. Family Name: Click or tap here to enter text. | First and Middle Names: Click or tap here to enter text. |
| Email Address: Click or tap here to enter text. | Date of Birth: Click or tap here to enter text.  (month/day/year) |
| [ ]  Male [ ]  Female | [ ]  Spouse [ ]  Child |
| City of Birth: Click or tap here to enter text. | Country of Birth: Click or tap here to enter text. |
| Country of Citizenship: Click or tap here to enter text. | Country of Permanent Residence: Click or tap here to enter text. |

|  |  |
| --- | --- |
| 4. Family Name: Click or tap here to enter text. | First and Middle Names: Click or tap here to enter text. |
| Email Address: Click or tap here to enter text. | Date of Birth: Click or tap here to enter text.  (month/day/year) |
| [ ]  Male [ ]  Female | [ ]  Spouse [ ]  Child |
| City of Birth: Click or tap here to enter text. | Country of Birth: Click or tap here to enter text. |
| Country of Citizenship: Click or tap here to enter text. | Country of Permanent Residence: Click or tap here to enter text. |