

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*](mailto:pappy@ksu.edu)*.* | |
| Have you ever been in J-1 or J-2 (dependent) status in the U.S.?  Yes  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: 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  YearlyLength 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](mailto: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. |