

**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:	
Are you currently in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>If yes, are you currently a J-1 Research Scholar or Professor?    <input type="checkbox"/> Yes            <input type="checkbox"/> No</p> <p><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:pappy@ksu.edu">pappy@ksu.edu</a>.</i></p>	
<p>Have you ever been in J-1 or J-2 (dependent) status in the U.S.?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>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.</p>	
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:
<p>I am currently (check one):</p> <p><input type="checkbox"/> An Undergraduate Student at Name of University.</p> <p><input type="checkbox"/> A Graduate Student</p> <p><input type="checkbox"/> Professor, Instructor or Researcher at a University</p> <p><input type="checkbox"/> Other: Your current position title and name of employer.</p> <p><input type="checkbox"/> Not currently employed nor currently a student</p>	

**Dependents**

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

If dependents will be accompanying you, complete page 5.



Personal Funds		<input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Length of the program
Other – Specify Source:		<input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Length of the program
K-State		<input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Length of the program
If funded by K-State, is this a benefits eligible position? <input type="checkbox"/> Yes <input type="checkbox"/> 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:
Complete address of the Exchange Visitor. This address must include the postal code
Phone Number (This is required by FedEx & DHL):

**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*

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*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/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 [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.

## 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"/> Spouse <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: