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.? ☐ Yes ☐ No | | | |
| If yes, are you currently a J-1 Research Scholar or Professor? 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 ☐ 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) | ☐ Male ☐ Female | | |
| City of Birth: | Country of Birth: | | |
| Country of Citizenship: | Country of Permanent Residence: | | |
| 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:

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 24month 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□ **Email Address:** Name of faculty host/sponsor: Department's Address: **Sponsoring Department:** 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** ☐ Monthly ☐ Yearly Visitor's Home Government ☐ Length of the program

REQUESTED CATEGORY: Note: Any individual who participates in an Exchange Visitor program in the Professor or

| Personal Funds | | | Monthly Yearly Length of the program |
|---|------------------------------|-------------|--|
| Other – Specify Source: | | | Monthly Yearly Length of the program |
| K-State | | | Monthly Yearly Length of the program |
| If funded by K-State, is this a be | enefits eligible position? [| □ Ye | es 🗆 No |
| Once the DS-2019 is issued, I would like it sent to: (check one): | | | |
| ☐ Send via Campus Mail to: Na | ame and campus address | | |
| \square 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 | <u>၂)</u> : | |

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.

| Signature of faculty member | Date | Signature of Dean | Date | | |
|---|------------------|---|----------------------|--|--|
| Signature of Unit Head | Date | - | | | |
| Supporting Document | ation | | | | |
| 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 proficie | ncv. | | | | |
| □ 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 Inter | ns: | | | | |
| □ TIPP □ Certification of Academic Statu □ Contact Office of General Coun That Agreement does NOT need to | sel to determine | the necessity of an Applied Learning E nis Request form. | xperience Agreement. | | |

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.



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: isss@k-state.edu

k-state.edu/isss - facebook.com/isssksu

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: | |
| ☐ Male ☐ Female | (month/day/year) □ Spouse □ 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) | |
| □ Male □ Female | □ Spouse □ 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) | |
| ☐ Male ☐ Female | □ Spouse □ 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) | |

| □ Male □ Female | □ Spouse □ Child |
|-------------------------|---------------------------------|
| City of Birth: | Country of Birth: |
| Country of Citizenship: | Country of Permanent Residence: |