



INTERNATIONAL STUDENT AND SCHOLAR SERVICES
J1 (DS-2019) VISA INITIAL REQUEST

Name of Exchange Visitor _____ No. of Dependents _____

Please use this checklist as a guide to verify that you have submitted all required documents for the J1 (DS-2019) Request for Exchange Visitor. All requests must be submitted at least 60 days in advance of the intended research start date to allow for 1-2 weeks of processing at JSU Global. For all J1 research visits:

- ☐ **Completed Request for Exchange Visitor Certificate (DS-2019)** (attached)
This form must be signed by:
 - Responsible Department Representative;
 - Responsible Department Head
- ☐ **Invitation or Offer Letter** from JSU hosting department, including all fees or costs.
- ☐ **Certified Financial Document/Letter** if funded by source other than JSU
- ☐ **Copies of previous DS/2019** (if applicable)
- ☐ **Visitor's Curriculum Vitae**
- ☐ **Visitor's Passport**
- ☐ **English Language Proficiency Measurement**** (attached)
- ☐ **Copy of Exchange Visitor's passport**
- ☐ **J2 Dependent Only**
If requesting J-2 DS-2019, attach a clear copy of passport information page for ALL accompanying dependents. If requesting J-2 DS-2019, attach proof of relationship, such as marriage or birth certificate, for ALL accompanying dependents

*Effective January 5, 2015, as a requirement from the Department of State (DOS), the DS-2019 cannot be faxed or emailed to the visiting scholar.

**DOS also requires proof of English language proficiency, so please provide a recognized English language test like TOEFL; or Signed documentation from an academic institution or English language school; or a documented interview conducted by the department either in-person or by videoconferencing, or by telephone.

Please allow 10 business days for processing. In certain cases, such as transfer, amendment, etc., we will require more documentation/information. Please note that it could take more than 10 days for processing, as coordination with another J-1 sponsor might be needed

JSU Global ISSS Only:

- | | | |
|--------------------------------------|-------------|-----------|
| ✓ Verified Health Insurance Coverage | From: _____ | To: _____ |
| ✓ Verified Repatriation Coverage | From: _____ | To: _____ |
| ✓ Verified SEVIS Payment | From: _____ | To: _____ |

Verified By: _____ **Date:** _____



REQUEST FOR EXCHANGE VISITOR CERTIFICATE (DS-2019) APPLICATION

Please print or type all information for each item.

1. Family Name:_____ First Name:_____ Middle Name:_____
2. Gender: Male_____ Female_____ Date of Birth:_____

Month

Day

Year
3. City of Birth: _____ Country of Birth:_____
4. Country of Citizenship:_____
5. Country of Legal Permanent Residence: _____
6. Position in Home Country:_____
7. Place of Employment in Home Country: _____
8. Host Department and Phone Number_____
 - Exchange Visitor's Immediate Supervisor:_____ Phone #:_____
 - Person Preparing This Request:_____ Phone #:_____
9. Description of activity Exchange Visitor will participate:

10. Exchange Visitor's position at JSU (check one):
 - ☐ Professor
 - ☐ Research Scholar
 - ☐ Short-Term Scholar
 - ☐ Student (Graduate)
 - ☐ Student (Undergraduate)
11. Exchange Visitor's Program Beginning Date:_____

Month

Day

Year
12. Exchange Visitor's Program Ending Date:_____

Month

Day

Year

International Student & Scholar Services

1400 John R. Lynch St. | P.O. Box 17103 | Jackson, MS 39217 | 601.979.1611 | 601.979.9227 fax | jsu.edu/global



13. Exchange Visitor's source and dollar amount of funds: *(Please attach documentation to this form)*

____ A. Jackson State University \$ _____

____ B. Other (Please specify) _____ \$ _____

14. For what periods are funds guaranteed? From _____ To _____

15. If Exchange Visitor is a JSU employee, will he or she be entitled to insurance benefits?

- ☐ Yes
☐ No
☐ Not Applicable

16. Is the Exchange Visitor currently in the U.S.? ____ Yes ____ No ____

17. Exchange Visitor's present mailing address:

18. Exchange Visitor's permanent home (overseas) address:

19. List below the names, date of birth, citizenship, gender, and relationship of each dependent (if any) and **attach proof of relationship of persons accompanying the Exchange Visitor.**

Name	Date of Birth mm/dd/yyyy	Place of Birth	Citizenship	Gender	Relationship

20. Has applicant been an exchange visitor (J-1) in the United States? ____ Yes ____ No ____ If yes, please attach copies of all previous DS-2019 forms (or IAP-66 forms).

21. Explain in detail how the insurance requirement be fulfilled for the Exchange Visitor and J-2 dependents?

To Be Completed by Hosting Department

Responsible Department Representative (Please Print)

Signature

Date

Name if Department Chair (please print)

Signature

Date



CERTIFICATION OF ENGLISH LANGUAGE PROFICIENCY

Attach this form with the appropriate supporting documentation.
This form is required for all "Begin New Program" and "Transfer In" requests.

Exchange Visitor's Name: _____ **Date:** _____

The Department of State requires J-1 Exchange Visitors to have "sufficient proficiency in the English language, as determined by an objective measurement of English language proficiency, successfully to participate in his or her program and to function on a day-to-day basis." [22 CFR 62.11(a) (2)]

Check One	Indicate how the Department has certified English proficiency for the prospective exchange visitor. Options 2 & 3 are NOT AVAILABLE to JSU admitted degree or exchange students.	
<input style="width: 40px; height: 40px;" type="checkbox"/>	Certification by a language test recognized by JSU's Graduate Division (IELTS & TOEFL only)	A copy of the test score is provided <ul style="list-style-type: none"> The test must have been taken within the past 2 years IELTS overall band score of 6.5 or higher TOEFL test score must be 525 (paper based); 194 (computer-based test) or 69 (internet based iBT) http://www.jsums.edu/graduateschool/international-students/
<input style="width: 40px; height: 40px;" type="checkbox"/>	Certification by home academic institution where English is used or English language school where English training course was completed.	A copy of the letter is attached <ul style="list-style-type: none"> Verifies the exchange visitor possesses English language proficiency high enough to function daily within the JSU position and within the local U.S. community. Issued on letterhead in English within the past 6-months. Includes signature from school official.
<input style="width: 40px; height: 40px;" type="checkbox"/>	Certification by the Sponsoring Professor (signature required in right column)	Prof. Name: _____ Date of Interview: _____ Duration of Interview: _____ mins The Interview Was Conducted: <div style="margin-left: 20px;"> <input type="checkbox"/> In person <input type="checkbox"/> By Videoconference <input type="checkbox"/> By Phone </div> Interview Notes (required): <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> <p>I declare under penalty of perjury that I have interviewed the prospective exchange visitor, and I have verified that the scholar's English language proficiency is sufficient to function daily within their JSU position and within the local U.S. community.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 60%;"> Signature _____ </div> <div style="width: 35%;"> Date _____ </div> </div>



HEALTH INSURANCE

It is a J-1 visa requirement that the applicant and their dependents must be covered by health insurance during their exchange program. The insurance must meet the Department of State (DOS) requirements below. The exchange visitor must submit insurance documentation upon arrival from the insurance company confirming that the scholar is covered for the following benefits:

- ✓ Major medical benefits must be at least \$100,000.00 for each accidental illness
- ✓ Repatriation benefit must be at least \$25,000.00.
- ✓ Medical evacuation must be covered for at least \$50,000.00.
- ✓ The deductible for each accident or illness may not exceed \$500.00.
- ✓ Policy may not unreasonably exclude coverage for perils inherent to the activities of the exchange program.