

## Request for DS-2019 for J-1 International Scholar

After obtaining signatures from the Department Chair and Dean, send the completed form and all supporting documentation to Academic Personnel in Roudebush 001. After the appointment letter is complete, the information will be forwarded to International Student and Scholar Services (ISSS) in MacMillan 214. ISSS will issue Form DS-2019 and ship the package to the visiting scholar via express mail. **Scholars must check in with ISSS upon arrival by scheduling an appointment.**

- If the international scholar is **already in the US**, please contact ISSS immediately and attach photocopies of current visa documentation (e.g. visa stamp, DS-2019). This information is essential to determine eligibility for extension of stay and/or transfer to our Exchange Visitor Program.

### J-1 International Scholar Request Checklist

- \_\_\_ DS-2019 Request Form (*see attached form*)
- \_\_\_ Copy of Passport
- \_\_\_ Resume/CV
- \_\_\_ Documentation of funding (*if not paid by Miami*) – accepted documentation includes bank statement, scholarship letter, salary statement, etc.
- \_\_\_ Employment Recommendation Form (*if paid by Miami*)
- \_\_\_ Documentation of English proficiency – one of the following is required:
  - \_\_\_ Documentation of objective test of English (TOEFL iBT score of at least 65 or IELTS score of at least 5.5)
  - \_\_\_ Documentation that scholar completed an academic degree or English language program in an English-speaking country (e.g. diploma, transcript, certificate of completion)
  - \_\_\_ Documentation of an interview conducted in English with the scholar (*see attached form*)
- \_\_\_ Documentation of previous J-1 status and/or current visa status (*if applicable*)
- \_\_\_ Request for DS-2019 for Dependents (*if applicable – see attached form*)

### NOTE:

If “Export Control Issues” is marked “yes” (see bottom of second page of DS-2019 Request Form) the Department Chair and faculty supervisor will be contacted by an OARS representative.

### DENIALS:

If the request is **denied by the Department Chair**, s/he shall circle DENIED, sign the form, forward a copy to ISSS and return a copy to the faculty supervisor for his/her records.

If the request is **denied by the Dean**, s/he shall circle DENIED, sign the form, forward a copy to ISSS and return a copy to the Department Chair for his/her records. The department chair shall also provide the faculty supervisor with a copy of the form.

If the request is **denied by the Provost**, s/he shall circle DENIED, sign the form, forward a copy to ISSS and return a copy to the Dean for his/her records. The Dean should also provide the Department Chair and faculty supervisor with a copy of the form.

**If denied, the international scholar is not permitted on campus.**

**DS-2019 Request Form**

**All fields are required**

**Scholar Information—May be completed by department or scholar**

Name of International Scholar \_\_\_\_\_  
(Family name) (First name) (Middle name)

\_\_\_ Male \_\_\_ Female Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
(Month-Day-Year) (City) (Country)

Country of Citizenship \_\_\_\_\_ Country of Legal Permanent Residence \_\_\_\_\_

Current or most recent position in home country \_\_\_\_\_

Employer/University in home country \_\_\_\_\_

Has this person held J-1/J-2 status in the past? \_\_\_ Yes \_\_\_ No (If yes, you must include copy of most recent DS-2019)

**Scholar Address** (to express mail DS-2019):

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Exchange Visitor's Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

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**Appointment Information—Must be completed by department**

Dates of Appointment at Miami: Begin \_\_\_\_\_ End \_\_\_\_\_

Might the appointment be extended beyond original end date? \_\_\_ Yes \_\_\_ No

Expected maximum duration of program: \_\_\_\_\_

Location of Appointment: \_\_\_\_\_  
(Department) (Room/Building) (campus)

Subject Area of Specialization during Appointment \_\_\_\_\_

Description of the program or duties to be performed (researcher, professor, etc.) \_\_\_\_\_

Will any Miami faculty or students go to this person's country or institution as part of a reciprocal exchange or partnership? \_\_\_ Yes \_\_\_ No

**Continued on next page**

Miami Faculty Supervisor – Name, Phone # & Email: \_\_\_\_\_

Miami department billing code to cover cost of express mailing documents (e.g. INP 001): \_\_\_\_\_

Source and amount of the International Scholar’s financial support in US dollars :

From Miami University..... Amount \$ \_\_\_\_\_

Funding from one or more U.S. Government Agencies..... Amount \$ \_\_\_\_\_

Name Agency(ies): \_\_\_\_\_

From other sources (specify)..... Amount \$ \_\_\_\_\_

From personal funds..... Amount \$ \_\_\_\_\_

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**After obtaining permission from the department chair and divisional dean, please submit this form to Academic Personnel for review.**

**1. Department Chair: APPROVED    DENIED**

**2. Dean: APPROVED    DENIED**

Signature:

Signature:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**3. For Academic Personnel Use:**

**4. Provost: APPROVED    DENIED**

Export Control Issues?    **Yes**    **No**

Signature:

Signature:  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



## Request for a DS-2019 for Dependent(s)

To be completed if the J-1 scholar wishes to bring dependent(s) – spouse and/or unmarried children under the age of 21 – to the U.S. Dependents will be required to apply for J-2 visas. Use additional forms for more than 2 dependents.

**Please include copies of dependent(s) passports as well.**

**NOTE: Additional financial documentation may be required.** In addition to the \$1200/month minimum for the J-1 scholar, we must see evidence of an additional \$300/month for the first dependent and \$150/month for each additional dependent.

### Dependent(s) information required for the DS-2019 visa document:

	Dependent 1	Dependent 2
Family Name (in capital letters)	_____	_____
Given Name(s) (first and middle)	_____	_____
Relationship (spouse or child)	_____	_____
Gender (male or female)	_____	_____
Date of Birth (month/day/year)	_____	_____
City of Birth	_____	_____
Country of Birth	_____	_____
Country of Permanent Residence	_____	_____
Country of Citizenship	_____	_____