



DS-2019 REQUEST FORM

APPLICATION FOR THE CERTIFICATE OF ELIGIBILITY FOR EXCHANGE VISITOR (J-1) STATUS

Important Notes:

- J-1 Researchers, Professors or Specialists may not be registered for full-time hours at the University of Houston and may not pursue a degree as a J-1 Researcher or Professor.
- A DS-2019 Extension will not be issued until proof of health insurance & dependent health insurance, if applicable, has been provided to International Student and Scholar Services.
- J-1 Visitors who plan to obtain health insurance other than a University of Houston Employee Health Insurance Plan should submit to International Student and Scholar Services a copy of their health insurance policy in English and a contact "800" telephone number for the insurance company for evaluation prior to purchasing the policy. If the policy does not meet Federal requirements, the J-1 Visitor must purchase a policy that meets the requirements.
- J-1 Visitors who have or will have a University of Houston Employee Health Insurance Plan must also purchase an additional policy for Medical Evacuation and Repatriation. The J-1 visitor should be reminded that there is a deadline date for adding dependents to UH Employee Health Insurance.
- The United States Department of State limits participation of a J-1 Exchange Visitor in the Researcher and Professor categories in consecutive J-1 programs under the following two conditions: (1) If s/he has participated in another program within 24 months of the proposed new program start date at UH and/or (2) If s/he has been in any J status except "Short-Term Scholar" for a duration of 6 months or more, ending within 12 months of the proposed new program start date at UH. Consequently, it is extremely important that item #9 on this request form be carefully completed.
- An exchange visitor in any category may transfer from one program sponsor to another if the purpose of the transfer is to complete the objective for which s/he was admitted to exchange visitor status, and if the exchange visitor remains in the same category. It is recommended that the transfer request be submitted at least 30 days prior to DS -2019 program ending date and the proposed consecutive starting date with the new sponsor to allow for processing of paperwork. Any employment under the new sponsor may not commence until the exchange visitor receives a DS-2019 from the new sponsor.
- The U.S. State Department indicates a J-1 Visitor may participate in a tenure-track position as long as s/he is not a candidate for tenure.
- Some J-1 exchange visitors and their dependents are subject to the Two-Year Home Country Physical Presence Requirement. Exchange visitors subject to this requirement are prohibited from changing to any other non- immigrant or immigrant status unless they first obtain a waiver of the requirement. Schedule an appointment with our office to discuss the necessary steps for obtaining a waiver.
- Once the waiver of the two-year home-country physical presence requirement has been recommended by the U.S. Department of State, the J-1 exchange visitor is no longer eligible for J-1 program extensions.

When completed, departments will pay with a SC Voucher and upload all supporting documentation as back up. Please allow us at least one week to complete the DS-2019 form. We will email the scholar and copy your department contact/supervisor upon completion of the document. For any questions, please call our office or email Yu Wang or Upaj Bhattarai.

J-1 Researchers with Staff jobs must comply with UH Staff requirements. All staff positions (including research staff) must be posted through the Human Resources job posting system.



DS-2019 REQUEST FORM

Part I. Personal Information

(Attach a copy of passport biographic page)

1. Family name (Last Name)	Given name (First Name)	2. Sex ☐ Female ☐ Male	3. Date of Birth(mm/dd/yyyy)
4. City of Birth	5. Country of Birth	6(a) Country of Citizenship:	(b)Country of legal Permanent Residence:
7. U.S. address if known: (including zip code) _____	Foreign address: _____	Phone number: Email:	UH ID number if the person has one: _____ (Otherwise, ISSSO will generate a UH ID for this person and for all the dependents)
8. Specify visitor's present Position in home-country: Type of Position must be chosen: ☐ Government ☐ Private Sector ☐ Academic ☐ Undergraduate Student ☐ Graduate Student	9. Is the visitor in the U.S. now? ☐ Y ☐ N If yes, give: Current visa type: _____ If J, complete information below: J Category: _____ Current location: _____ Submit current DS-2019.		
10. Has he/she been in the U.S. before? ☐ Y ☐ N If yes, give: Previous visa type(s): _____ If J, complete information below: J Category: _____ Previous location(s): _____ Previous DS-2019 dates: _____ Submit previous DS-2019s.			

Part II. Dependent(s) Information

(Please complete for any dependents who will come on J-2 visa(s) and attach a copy of passport biographic page for each one)

	Dependent 1	Dependent 2	Dependent 3
Full name(Family name, Given name):			
Relationship to J-1			
Birth Date (mm/dd/yyyy)			
Birth City			
Birth Country			
Citizenship			
Country of legal permanent residence			
Email address if age is 17 or older			

*Please use additional page if needed for more dependents

Part III. (Skip to part IV if this request is for a DS-2019 program extension or transfer a J-1 from another U.S. institution)

English Proficiency

English Proficiency is required by federal law. Does the prospective J-1 exchange visitor have sufficient English language skills to function on a day-to-day basis? ☐ Yes ☐ No

UH departments should provide ISSS with documentation using one of the following measurements:

- A recognized English Language test (attach a score report); OR
- Signed documentation from an academic institution of English language school (attach a copy of the grade document).OR
- Conducted in-person interview on _____ (date) by _____ (faculty/staff name) or by videoconferencing on _____ (date) by _____ (faculty/staff name).

The listed above measurements are exempt if the J-1 exchange visitor has obtained a secondary school degree or higher from a country where English is spoken as the native language:

Country: _____ Degree: _____



Student Center North, N203, Houston, TX 77204-3024 ☎ Phone: (713) 743-5065 ✉ Email: isssohlp@central.uh.edu 🌐 <http://uh.edu/issso>

Part IV.

Program Information

11. Indicate program dates to be covered by the form DS-2019 (mm/dd/yyyy):

From _____ To _____

(Visa process may take minimum 4-6 weeks, please consider a feasible start day)

Professors/Research Scholars/Specialists must be done on a one- or two-year basis. The period of stay should NOT exceed a total of 5 years for Professors and Research Scholars.

12. Choose the most appropriate category for the exchange visitor:

☐ **Student** (Admitted student seeking a Bachelor, Master or PhD degree at UH. For admitted NDO Student, Please contact Upaj Bhattacharai at extension 35078 || **No Fee** required for this category.)

☐ Short-term Scholar [maximum duration is 6 months and cannot be used as a “way around” repeating bar(s)] **Fee:** \$100

☐ Professor (will be barred for 24 months on repeat participation) **Fee:** \$200 for a year or less/ \$400 for 2 years or less

☐ Research Scholar (will be barred for 24 months on repeat participation) **Fee:** \$200 for a year or less/ \$400 for 2 years or less

All categories except student: Please submit payment through SC Voucher to Business Service Office.

NOTE: Only J-1 Exchange Visitors in the STUDENT category may participate in full-time studies and pursue a degree.

13. Provide a short description of the primary educational activities/duties in which the EV will be engaged:

13.B) Will the activity involve direct patient care? ☐ Yes ☐ No

(UH sponsored J-1's cannot participate in any clinical activities involving direct patient care.)

13.C) Will the J-1 participate in the program in person on a full-time basis? ☐ Yes ☐ No

(Please note that the purpose of the Exchange Visitor Program is to facilitate in-person exchanges.)

14. Will UH have financial obligation to the visitor for the period listed in item #11:

☐ NO -> Skip to #15 ☐ YES -> Continue to #14(a).

(a) Salary per month (\$): _____ + Non-Salary (e.g. fellowship, scholarship, etc.): _____
=ANNUAL TOTAL: _____

If UH provides a salary, answer b-f. If no salary provided, skip to #15.

(b) Salary appointment per year is:

____ 9 months ____ 12 months ____ Other _____

(c) ____ Faculty ____ Staff (Requires HR Approval)

(d) Job Code _____ Job Title _____ Posting Number _____

(e) Is the visitor a current UH employee? ____ Yes ____ No

If Yes, provide Employee ID: _____

(f) HR Approval Signature _____ Name: _____

15. Financial support from the prospective J-1 personal/organization OTHER THAN U.H. Please specify name, amount of support, supporting documents via official letter.

Name: _____ Dollar amount total (\$): _____

DOCUMENTS MUST BE IN ENGLISH AND SUPPORT AMOUNT IN U.S. DOLLARS:

The category of support is from: ☐ Government ☐ Private



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NOTE: STUDENTS MAY NOT BE SUBSTANTIALLY FUNDED FROM PERSONAL OR FAMILY FUNDS

16. The U.S. State Department requires ALL J-1 and J-2 visa holders to have medical insurance. Medical insurance usually does not cover pre-existing conditions such as pregnancy, illness, or other pre-existing conditions. Most policies require dependents to be covered upon their arrival, or within 30 days of arrival in the U.S. The J-1 should make arrangements for continual coverage in the U.S. that meets the U.S. Code of Federal Regulations minimum requirements. Therefore, please complete the following:

HEALTH INSURANCE for individuals listed in Part I and Part II of this form will be provided by:

☐ Employee Benefits Eligible Plan from the University of Houston

☐ Another organization or by the individual listed in Part I

NOTE: Failure of an exchange visitor and accompanying dependents to maintain health insurance may lead to the termination of the exchange visitor's program.

17.

College:	Department Name:	Full Address (where scholar will be working):
Department Contact Person for DS-2019 request:	Phone number:	Email:
Name of UH Supervisor For the J-1:	Phone number:	Email:

18. A completed Visa Candidate Affiliation and Deemed Export Assessment form reviewed by the UH Export Control Office is required for any J-1 student or scholar/professor both new and extension applications. UH staff/faculty can access the forms in DocuSign in the Compliance shared folder. After you submit the forms via DocuSign to UH Export Control Office, then you can request this **Approval Signature:** _____ **Date:** _____ (You may contact Angelica Grado-Wright, J.D. the Export Control Officer if you have any questions. Tel: (713) 743-9662; Email: amgradow@central.uh.edu)

19. The section below to be completed by the authorized person at the University of Houston: Exchange Visitors may be in a tenure track position at U.H. as long as s/he is not a candidate for tenure. The Exchange Visitor named in is not a candidate for tenure. I certify that the information on this form is correct to the best of the department's knowledge:

Name of Dean or Department Chair: _____

Signature of Dean or Department Chair: _____ Date: _____

CHECKLIST (Before submitting this request, be sure you have all required documents):

- _____ Completed and signed DS - 2019 Request Form
- _____ Passport biographic page for scholar and any dependents
- _____ Documentation of English Proficiency Requirement
 - Certificate or
 - Test scores or
 - Documented in person or video conferencing interview
- _____ HR Approval Signature (UH Staff) or
- _____ Official documentation of financial support in English and in U.S. dollar amounts (\$1304 per month and each dependent - \$5075 per year)
- _____ Verify program dates
- _____ Payment of \$200/\$400 (Research Scholar/Professor) or \$100 (Short-term scholar)
- _____ J-1/J-2 insurance coverage for the extended duration (only for the Js who are already in the U.S. and request for a DS-2019 program extension)

EXCHANGE VISITOR CERTIFICATION (For Program Extension only)

I understand that as a J-1/J-2 visa holder, I am required to maintain health insurance with minimum coverage as specified in the "Statement of Understanding regarding the Health Insurance requirement for the J-1 Exchange Visitor Program" for myself and accompanying dependents. I hereby affirm that I have the stated insurance for the effective period of all valid Form(s) DS-2019 issued to me.

Exchange visitors subject to the two-year home residency requirement who have been granted a waiver of this requirement are ineligible to extend J-1 status. In order that we may determine eligibility of extending your DS-2019, it is mandatory for you to certify if you have or have not applied for a waiver by answering the question below:

HAVE YOU APPLIED FOR A WAIVER OF THE TWO-YEAR HOME RESIDENCY REQUIREMENT?

☐ Yes ☐ No

If yes, please provide your Department of State Case Number: _____

I hereby certify that I have read and understand the information regarding the insurance requirement as set forth by the U.S. Department of State. I understand the two-year home residency requirement. The information given by me on this application to extend J-1 status is true and correct to the best of my knowledge.

Signature of Exchange Visitor (Required) _____ Date: _____

University departments can submit completed DS-2019 requests through SC Voucher to:

Vendor ID: 0000000032

730-UH International Student Services

Please upload the completed DS-2019 request form and all supporting documentation into PeopleSoft Finance and submit into workflow for processing.

Non-departmental requests can be forwarded to:

International Student and Scholar Services Office

Student Center North Room N203 (campus mail code: 3024)

isssohlp@central.uh.edu

Please allow 5 business days processing time for all requests. ISSSO will email the completed DS-2019 when it's ready.

For questions, please call (713)743-5065.