

Exchange Visitor DS-2019_Request_Form

Office of International Services

1 University Parkway, C3370 University Park, IL 60484 708.235.7611 Fax: 708.235.7372 ois@govst.edu

www.govst.edu/ois

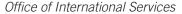
The U.S. Department of State Exchange Visitor Program is designed to promote international academic, scientific, and cultural exchange in order to develop mutual understanding between the people of the United States and other countries. This program is utilized to bring Exchange Visitors to the U.S. on a temporary basis to engage in exchange activities in various "categories." Exchange visitor categories at Governors State University include: Research Scholar, Professor, or Student Intern. The nature and scope of the Exchange Visitor's visit to the U.S. will guide our office in determining the most suitable category for each visitor. The Exchange Visitor program should not be used as a general means of employment, though the source of funding may be from a U.S. sponsor, including Governors State University.

Are you using the correct form?

Please consider the following statements before proceeding with this form. If it is possible that any of these statements apply to the Exchange Visitor, this form may not be the appropriate form to submit.

The potential Exchange Visitor is currently enrolled and pursuing a degree at a postsecondary academic institution outside of the U.S.
The potential Exchange Visitor intends to return home and graduate from their postsecondary academic program.
The proposed activities/research fulfills the educational objectives for his or her foreign program.

If any of these statements apply, the Exchange Visitor may be best suited for the "J-1 Student Intern" category. You may complete the J-1 Student Intern Form and/or contact OIS if you have questions about the Student Intern category and process.





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General Instructions

- Please submit required documents at least fourth months before the program start date to allow the Exchange Visitor ample time to request a visa and enter the U.S.
- When a complete application has been received, the Office of International Services (OIS) will produce a form called the DS-2019. Please allow up to 14 business days for OIS to complete processing of the DS-2019.
- The J-1 Exchange Visitor may enter the U.S. no sooner than 30 days prior to the start date on the DS-2019. The Exchange Visitor must also check in with OIS within two weeks of his or her DS-2019 start date. Notify OIS immediately if the Exchange Visitor will experience delays.
- The J-1 Exchange Visitor must have proof of required insurance coverage upon arrival in the U.S. Failure to comply with these regulations will result in immediate termination of the J-1Exchange Visitor's program and loss of legal status.
- J-1 Exchange Visitors may NOT be used for tenured or tenure-track positions.
- J-1 Exchange Visitors cannot be sponsored for permanent residency.
- When using the Research Scholar or Professor Exchange Visitor categories, there are some restrictions on repeat participation for the Exchange Visitor. If repeat participation is desired or if the Exchange Visitor recently participated in a program at another institution, please consult OIS before submitting this request.
- Exchange Visitors can only perform those activities for which they requested entry into the
 U.S. Any activity performed by the Exchange Visitor, including academic/professional engagements, lectures, seminars, or consultants, that falls outside the very specific parameters of the
 program must be approved by OIS and the sponsoring department in advance. Occasional
 participation in activities incidental to the program may be permitted, upon approval by OIS.
- Please inform OIS immediately of any changes to the program, including funding or Exchange Visitor departure.
- The University assumes responsibility of some magnitude in undertaking visa sponsorship for an Intern in the J visa category. OIS depends on the department's ability to provide complete and accurate information about the Exchange Visitor and his/her funding. OIS, in turn, is responsible for guaranteeing this information to the U.S. government. Note that false certification may subject the University to criminal prosecution under 18 U.S.C. § 1001.

NOTE: THIS REQUEST REQUIRES THE SIGNATURES OF THE VISITING SCHOLAR/PROFESSOR'S SUPERVISOR, THE DEPARTMENT CHAIR, THE COLLEGE DEAN & THE PROVOST.

*Please keep a copy of these forms within your department.





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This page is to be completed by the Sponsoring Department

Department Checklist

Step One:
☐ Curriculum Vitae
☐ Copy of the draft letter of invitation/offer from the sponsoring department with program dates and description of research and duties
☐ All DS-2019 Request Forms (Administrator EV Form pages 3-6 and Applicant EV Form pages 2-4)
☐ Copy of passport biographical pages for Exchange Visitor and accompanying dependent family members
☐ If person is currently in the U.S. in another status — Copy of current I-94 card (front and back, if paper copy),* passport and any other accompanying immigration documents. *Note: as of 4/30/2013, the I-94 card will no longer be issued as a paper document. All arrival/departure information will be stored electronically. The Exchange Visitor should provide a print out of his or her arrival/departure information, which can be obtained from the Customs and Border Patrol website at www.cbp.gov/i94.
☐ If the Exchange Visitor was a J Exchange Visitor (J-1 or J-2) within the past three years — Copies of all previous DS-2019 forms during those three years.
Step Two:
□ Copy of signed/executed offer letter, including appropriate J-1 category □ Original financial support documents if self-funded or funded by an outside organization/institution (when not paid by GSU)
SUBMIT FORM TO: Office of International Services 1 University Parkway, Room C3370 University Park, IL 60484

Form Submission Deadlines:

Fall Semester Start Date – April 15 Spring Semester Start Date – August 15 Summer Semester Start Date – January 15



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Date

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Exchange Visitor Name:		
PURPOSE OF EXCHANGE VISITOR (EV) REQU	JEST:	
☐ Beginning a new J-1 program in the United States		
☐ Transferring to GSU from another U.S. institution or trawhile currently in the U.S. in J-1 status*	ensferring from one GSU department to a	nother GSU department
*For extension requests, please	use the "DS-2019 Extension Request For	m"
Department Certification		
 I authorize sponsorship of this Exchange Visitor and cerell understand that the Exchange Visitor will be terminate unauthorized employment. I understand that all Exchange Visitors and dependents in specific coverage amounts, and that failure by the Excessive in specific coverage amounts, and that failure by the Excessive inform the Exchange Visitor of the insurance requiremental understand that the Exchange Visitor must check-in whealth insurance proof. I understand that a new Exchange Visitor is only allowed listed on the DS-2019. I understand that it is the responsibility of the departmental to comply with immigration law. I understand that it is the responsibility of the departmental to comply with immigration law. I understand that it is the responsibility of the departmental including funding and length of stay. I understand that it is the responsibility of the departmental program completion, and that failure to do so could remainly included the exchange of the exchange visitor participation in any prior to approving Exchange Visitor participation in the cerell certification. 	sare required under federal immigration schange Visitor to purchase health insura gal status of the Exchange Visitor. Our deents. With an OIS advisor upon arrival with all inted to enter the U.S. during a window of 3 and to offer reasonable support of the Exchange to offer reasonable support of the Exchange to immediately notify OIS of any chartent to provide OIS with a Departure Verifully in future immigration complications ge program are restricted, and that the day other academic/professional activity.	posed activities or engages in law to carry health insurance nce for the entire period will partment has informed/will nmigration documents and 0 days prior to the start date e Visitor with all immigration ange Visitor in his/her efforts nge to the program, fication Form (DVF) upon for the Exchange Visitor. epartment must consult OIS
College	Department	
Email Phone	Fax	
EV Supervisor Signature	EV Supervisor Name (Print)	Date
Dept. Chair Signature	Dept. Chair Name (Print)	Date
Dean Signature	Dean Name (Print)	Date

Provost Name (Print)

Provost Signature



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Exchange Visitor Name:							
Information Regardin	g Proposed	Visit					
Proposed Dates of Stay – *Maximum duration is 12 months **The state of the s	From	MM/DD/YYYY	To				
2. GSU EV Appointment Title		Percent	Appointment (if an	y)			
3. Total Hours per week Exchange			ram activity	_			
4. Main field of research (ex. Con			-				
	Please complete the following chart regarding the proposed activities the Exchange Visitor will engage in during his/her visit. If an activity is planned, please estimate the percentage of time involved.						
Activity Type				Planned (Mark "X")	Percent Time (If planned)		
GSU organized research/bench	research						
Independent Research							
Teaching/Lecturing							
Attending GSU lectures/semina	ars						
Auditing courses only							
Learning new/different techniques/skills, and/or the use of new equipment							
	Earning/receiving a certificate upon completion						
Advising or consulting GSU fac	ulty/staff (EV is lea	iding a training)					
Other, please list:							
6 Description of the research and	d/or proposed activ	vities:					
Will Exchange Visitor perform research/projects at places other than GSU? ☐ Yes ☐ No If yes, please specify the name and complete U.S. postal address, including zip code:							
 Funding Funding must be for the entire Current minimum funding req and \$365 for each additional d Do not include stipends for ins Self-funded EVs are limited to Amount of Source from GSU	uirements per mor lependent. urance in the tota a one year stay ini	nth: \$1,000 for Exc I funding amount tially.	hange Visitor, \$500		nt,		
Other Source			Source Name				
Other Jource			Jource Name				



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This page is to be completed by the EV Supervisor

Exchange Visitor Name:					
EV Supervisor Attestations					
PROGRAM ELIGIBILITY					
I have evaluated the academic and professiona her to be qualified to participate in the propos	' '	tor, and consider him/			
ENGLISH PROFICIENCY					
I have determined that the prospective Exchan cessfully carry out the activities described abov The Exchange Visitor's English language ability	ve and to have an enriching cross-cultural expe	rience while at GSU.			
• English is the Exchange Visitor's first langua	ge				
 Verbal communication with the Exchange V 	risitor				
 Recommendation of objective third party 					
 Written communication 					
 Visit will not be more than a month; English 	•				
Other (explain):					
CERTIFICATION					
As a sponsor and supervisor of this prospective understand that the Exchange Visitor's J-1 programmer.	. ,				
A. Fails to participate in the proposed activitie	s/duties,				
B. Engages in unauthorized employment or pr	ofessional/academic activities, and/or				
C. Fails to maintain the required medical insur	ance coverage for himself/herself and for all d	ependent(s).			
EV Supervisor Signature	EV Supervisor Name (Print)	Date			

Form Submission Deadlines

Fall Semester Start Date – April 15 Spring Semester Start Date – August 15 Summer Semester Start Date – January 15