

REQUEST FOR FORM DS-2019 FOR J-1 EXCHANGE VISITORS

This process is initiated by the UC Santa Cruz hosting department. Once completed, please submit form and all supporting documents to the ISSS office at ischolar@ucsc.edu. This form must be typed.

Please include the following:

- Copies of J-1 Exchange Visitor and any J-2 Dependent Passport Biographical Pages
- UCSC Appointment Letter
- Proof of Financial Support (if not funded by UCSC)
- Copy of Curriculum Vitae
- Copy of Diploma and English Translation (Scholars and Professors Only)
- J-1 Transfer-In Form (if applicable)
- DS-7002 Information Form (Student Interns Only)
- Approval of Student Intern Participation Form (Student Interns Only)

SECTION A. Exchange Visitor Program Information To be completed by hosting department		
Family/Last Name(s): _____		
Given/First Name & Middle Name(s): _____		
Date of Birth: (mm/dd/yyyy) _____	Gender (as appears on passport): <input type="checkbox"/> Male <input type="checkbox"/> Female	
DS-2019 Request Type: <input type="checkbox"/> New Appointment <input type="checkbox"/> Transfer-In (Complete Transfer-in Form)		
Department: _____	Division: _____	
J-1 Category:	<input type="checkbox"/> Short-Term Scholar (research or teaching for 6 months or less) <input type="checkbox"/> Research Scholar (research or teaching for 6 months or more) <input type="checkbox"/> Professor (teaching for more than 6 months) <input type="checkbox"/> Student Intern (visitor has yet to obtain equivalence of bachelor's degree)	
Appointment Dates	Start Date: (mm/dd/yyyy) _____	End Date: (mm/dd/yyyy) _____
Appointment Title: _____	CIP Code: (a list of CIP codes can be found here . Must be 6 digits, XX.XXXX) Choose a CIP code in the incoming Exchange Visitor's field of study/research. CIP Codes are the national taxonomic standard of academic program titles for federal surveys and state reporting of institutional data.	
Describe Subject or Field of Research: (For example: Teach courses in...; observe techniques, learn skills, or conduct research in...)		
Site of Activity: Indicate the physical campus building address of Exchange Visitor's activity. Campus building addresses can be found here. Include all relevant on and/or off-campus sites.		
<input type="checkbox"/> Main UCSC Campus Campus Building Name: _____ Address: _____		
<input type="checkbox"/> Other Primary or Secondary Site (provide location name and address below) Campus Building/Location Name: _____ Address: _____		

SECTION B. Certification of English Language Proficiency Statement To be completed by hosting supervisor

By signing below, I confirm that I have conducted an interview with the prospective J-1 Exchange Visitor either in-person, by videoconferencing, or by telephone (if videoconferencing is not a viable option) and that the Exchange Visitor has sufficient English language proficiency not only to successfully participate in his/her program but also to function on a day-to-day basis.

Date and Time of Interview: _____
(month/day/year) Time

Method Used to Interview:

Signature of Supervisor

SECTION C. Proof of Financial Support

If financial support is not provided by UCSC, then funding (scholarship letter, bank statement, etc.) with specific currency amount, converted to U.S. dollars and translated into English, must be provided by the Exchange Visitor. Include a letter of financial support if sponsored by a third party. If sponsored by personal funds of a friend or family member, the [Affidavit of Financial Support](#) must also be included. Funding documentation must be issued within the past 6 months. Exchange Visitors must provide at least \$2000/month proof of funding for self, \$1000/month for spouse, and \$500/month for each child.

Funding Source	Amount Per Month	Number of Months	Total Amount
University of California, Santa Cruz (Per appointment letter)			
Home Government (Specify below, e.g. China Scholarship Council)			
Other (Specify below, e.g. home institution, etc.)			
Personal Funds (Include personal bank account letter or sponsor's bank account with Affidavit of Financial Support)			
Total Amount Required for Program:			
Total Amount Exchange Visitor Has for Program:			

SECTION D. Signature Authorization

Your signature indicates you agree to the following: The sponsoring department will assist the Exchange Visitor upon arrival at UCSC. The proposed activity is suitable to the Exchange Visitor's background, needs, and experience. The Exchange Visitor and family members have sufficient funding for their stay. The Exchange Visitor is aware of the health insurance requirement and is clear as to who is responsible for paying for insurance premiums. The Exchange Visitor will engage only in activities that are consistent with the intended program while at UCSC. The sponsoring department will inform ISSS when conditions of financial support change, position/title change, early completion or termination of program will occur, or if the Exchange Visitor will be outside the U.S. for more than 30 days.

Name	Signature	Date	Phone Extension
1. Host Supervisor:			
3. Dean, Div Coordinator, or Official Designee:			
4. Department/Division Contact: (if different from above)			

SECTION E. Exchange Visitor Information To be completed by prospective Exchange Visitor. Enter all information as it appears on the passport

Family/Last Name(s): _____

Given/First Name & Middle Name(s): _____

Date of Birth: (mm/dd/yyyy) _____ **Gender (as appears on passport):** Male Female

City of Birth: _____ **Country of Birth:** _____

Country of Citizenship: _____ **Country of Legal Permanent Residence:** _____

Select your current or last position in your home country: _____

If other, please specify: _____

Home Institution Name (in your home country, please do not abbreviate): _____

Are you coming to UCSC under a specific agreement? _____ If yes, please explain: _____

Email: _____

Are you currently in the United States?

No

Yes *If yes, indicate your current immigration status: _____ (i.e. F-1 OPT, B-1, J-1, J-2, etc.)

*Individuals who are present in the US in a status other than J-1 must obtain J-1 status prior to beginning their Exchange Visitor program.

Transfer: If you are currently in J-1 status and *transferring* your J-1 program to UCSC, submit the [UCSC J-1 Exchange Visitor Transfer In Form](#).

Consular Application: If you are leaving the US and returning after obtaining a J-1 visa at an embassy/consulate abroad, then provide travel dates: _____

Have you previously participated in a J-1 or J-2 program?

No

Yes If yes, include previous J program start and end dates: _____

Will any dependent(s) (spouse or child) accompany you during your J-1 Exchange Visitor program?

No

Yes If yes, complete Section G.

SECTION F. Exchange Visitor Document Certification

I hereby attest that the copies of the documents I have submitted are of unaltered original documents. I understand that I may be required to submit original documents to an immigration, consular, or UCSC school official at a later date. I also attest that any translations included in this application are accurate.

Exchange Visitor Signature

Exchange Visitor Printed Name

SECTION G. Dependent Information

Only complete this section if requesting a J-2 dependent DS-2019(s). Only spouses and unmarried children younger than 21 are eligible. Enter information as it appears on passport and attach additional pages if necessary. **Please include a copy of the passport biographical page of each dependent.**

1.	Family/Last Name(s):	Given/First Name(s):	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Child	
Date of Birth: (month/day/year)			
City & Country of Birth:		Country of Citizenship:	Country of Legal Permanent Residence:
2.	Family/Last Name(s):	Given/First Name(s):	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Child	
Date of Birth: (month/day/year)			
City & Country of Birth:		Country of Citizenship:	Country of Legal Permanent Residence:
3.	Family/Last Name(s):	Given/First Name(s):	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Child	
Date of Birth: (month/day/year)			
City & Country of Birth:		Country of Citizenship:	Country of Legal Permanent Residence:
4.	Family/Last Name(s):	Given/First Name(s):	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Child	
Date of Birth: (month/day/year)			
City & Country of Birth:		Country of Citizenship:	Country of Legal Permanent Residence:

Please choose an option for Issuance of DS-2019(s) To be completed by hosting department

- Pick-up original DS-2019 from ISSS office.** ISSS will contact the designated department/division liaison once ready.
- Send original DS-2019 via campus mail**
 Department/Division Contact:
 Department/Division:
 Mailstop: