

COLLEGE OF PROFESSIONAL AND GLOBAL EDUCATION

J-1 Exchange Visitor DS-2019 Request Form

The purpose of the J-1 Exchange Visitor Program is to increase mutual understanding between the people of the United States and the people of other countries by means of educational and cultural exchanges. The International Student and Scholar Services (ISSS) Office is authorized by the U.S. government to manage the J-1 Exchange Visitor Program at San José State University.

The ISSS role is to process the immigration document (Form DS-2019) required by the U.S federal government for the visiting scholar's J-1 visa application and entry to the U.S. Please contact University Personnel to ensure compliance with university policies and procedures related to hosting J-1 visiting scholars in paid or unpaid research and teaching positions.

To host an exchange visitor (EV) in the U.S. under the SJSU J-1 Exchange Program the host department must agree to:

SJSU Host Department Responsibilities

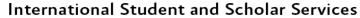
Verify that the exchange visitor's academic credentials are appropriate to the proposed research/teaching program objectives.
Confirm that the exchange visitor has sufficient English proficiency (both oral and written).
Arrange for office space deemed appropriate for the proposed activity.
Inform ISSS of any changes to the exchange visitor's activity while at SJSU including termination of agreements.
Mail the original DS-2019 Form(s) to the exchange visitor. The form cannot be scanned and sent by email.
Assist the exchange visitor in finding housing accommodation. Please contact ISSS if assistance is required.
Ensure the exchange visitor reports to the ISSS Office for the scheduled mandatory orientation, as
communicated by ISSS, upon arrival to U.S. to complete the immigration document check-in process.
Assist ISSS in monitoring exchange visitor's maintenance of adequate health insurance coverage for the duration
of the program.
Arrange any University access request (i.e. Tower Card, library card, parking) by working closely with University
Personnel.

Application Process Overview

Submit the J-1 Exchange Visitor DS-2019 Request form at least 3-4 months prior to the planned program start date to allow ISSS to issue Form DS-2019 (s) and allow ample time for the exchange visitor to apply for the J-1 visa and make travel arrangements.

omit the additional documents along with the DS-2019 request form:			
	Photocopy of the principal EV's and any dependent's passport biographical page.		
	Photocopy of previous J-1 and/or J-2 DS-2019s, if applicable.		
	Proof of finances if funding is not provided by SJSU. EV must provide evidence of at least \$2000/month for self,		
	\$1000/month for spouse, \$500/month for each child.		
	Exchange visitor's resume or curriculum vitae.		
	Photocopy of the invitation/appointment/ offer letter issued by the SJSU sponsoring department.		

Send completed DS-2019 requests along with supporting documentation to international-office@sjsu.edu as a single pdf file or paper copies in campus mail. If you have any questions about the application process or concerns, please contact international-office@sjsu.edu, your inquiry will be directed to the appropriate person.





Please include the following:

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J-1 Exchange Visitor DS-2019 Request Form

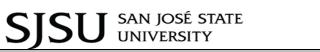
This process is initiated by the SJSU hosting department. Once completed, please submit form and all supporting documents to the ISSS office at international-office@sjsu. We will contact the designated departmental liaison once DS-2019(s) is/are ready.

Copies of J-1 Exchange Visitor and any J-2 Dependent Passport Biographical Pages				
Proof of Financial Support (if not funded by SJSU)	□ SJSU Appointment Letter □ Proof of Financial Support (if not funded by SJSU)			
□ Copy of Curriculum Vitae				
 Copy of Diploma and English Translation (Scholars and Profe J-1 Transfer-In Form (if applicable) 	ssors Only)			
SECTION A. Exchange Visitor Program Information. To be comple	ted by hosting department			
Family/Last Name(s):				
Given/First Name(s):				
Date of Birth (mm/dd/yyyy):	Gender: Male Female			
DS-2019 Request Type:	t 🔲 Transfer In			
	ar (research or teaching for 6 months or less)			
	(research or teaching for 6 months or more) ng for more than 6 months)			
	e, consult, demonstrate special skills			
Department:				
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			
	Choose a Cir code in the incoming Exchange visitor's field of study/research			
Activity: (Select all that apply)	rch Dobserving/Consulting			
Describe Subject or Field of Research: (For example: Teach courses	n: observe techniques, learn skills, or conduct research in xvz)			
Describe Subject of Field of Research (For example, Federic Courses III), observe techniques, fediri skins, or conduct research in xyzy				
Site of Activity: Indicate the physical location of scholar's activity.	Include all relevant on or off-campus sites.			
Main SJSU Campus Campus building name or address:				
Other Primary or Secondary Site (provide location name and address below)				
Location Name:				
Address:				



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SECTION B. Certification of English Lang	guage Proficiency St	tatement To be compl	eted by hosting supervisor	
The Department of State requires exchange visitor to have "sufficient proficiency in the English language, as determined by an objective measurement of English language proficiency, successful to participate in his or her program and to function on a day-to-day basis." [22 CFR 62.11(a)(2)]. Please indicate how you evaluated the English proficiency for the prospective EV.				
Certification by SJSU Sponsor or Ho	ost	☐ Copy of TOE	FL or IELTS test score	
Date of Interview (mm/dd/yyyy): Time of Interview: Method: In-person Phone	 The test must have been taken within the past 5 years IELTS overall band score of 7.0 or higher TOEFL test score must be 550 (paper-based), 213 (computer-based) or 80 (internet-based iBT) 			
By signing below, I confirm that I have cond has sufficient English language proficiency I	ucted an interview with not only to successfully	r the prospective J-1 Exc. r participate in his/her pro	nange visitor and/or veri ogram but also to function	n on a day-to-day basis.
Signature of Supervisor		Date:		
SECTION C. Proof of Financial Support If financial support is not provided by SJSU, 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 Declaration of Finances form 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 Mon	th Number of N	Months Total Amount
San Jose State University-Salary (for length of visit)				
San Jose State University-Other source	(Specify below)			
Exchange Visitor's Home Country Government (Specify below, , e.g. China Scholarship Council)				
Other Organization (Specify below, e.g. home institution)				
Personal Funds (including family funds)				
		Total A	mount Available for I	Program
SECTION D. Departmental and College	Approval. Signature	Authorization.		
Your signature indicates you agree to the following: The sponsoring faculty or department will assist the Exchange Visitor upon arrival at SJSU. 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 SJSU. 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	Sign	ature	Date	Phone Extension
Sponsoring Faculty:				
Department Host Contact (if any):				
Department Chair:				
College Dean:				



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SECTION E. Exchange Visitor Information. To be completed by the prospective EV. Enter all information as it appears in the passport.				
Family/Last Names (s):		Given/First Name (s):		
Date of Birth (mm/dd/yyyy):	Gender: Ma	le	Email:	
City of Birth:		Country of Birth:		
City of Birth.		Country of Birth.		
Country of Citizenship:		Country of Legal Permanent Residence:		
Your current or last position in your ho	me country.			
☐ University Graduate Student ☐	University Teaching S	taff including Researcher	rs 🗌 Other:	
Home Institution Name (in your home of	country):			
The mean and the manner (in your nome)				
Ave you engage the the thinks of China				
Are you currently in the United States?				
No Yes *If yes, indicate your current in	nmigration status	(i.e. F-1 OPT B	-1 I-1 I-2 etc)	
*Individuals who are present in the US in a s				
Transfer: If you are currently in J-1 status an	d <i>transferring</i> your J-1 p	rogram to SJSU, submit the	SJSU's J-1 Transfer-in form.	
Consular Applications If you are leaving the	IIC and returning after	obtaining a L1 vice at an LL	S Embassy/Consulate then provide travel dates:	
Consular Application: If you are leaving the	o.s. and returning after	obtaining a J-1 visa at an O.	S. Embassy/Consulate, then provide travel dates:	
Have you provide all posticipated in a l	1 au 1 2 muaguam 2			
Have you previously participated in a J	-1 or J-2 program:			
Yes If yes, include previous J progra	am start and end date	s:		
Will any dependent(s) (spouse or child	accompany you duri	ng vour J-1 Exchange Vis	itor program?	
□ No	, , , ,		F - 5 - 1	
Yes If yes, complete Section G.				
SECTION F. Exchange Visitor Certification	on			
		=	original documents. I understand that I may official at a later date. I also attest that any	
translations included in this application	_	201134141, 01 3330 3611001 6	yjiniai at a later adte. Laiso attest that any	
Forthern With an Circulation		Data:		
Exchange Visitor Signature:		Date:		
Exchange Visitor Printed Name:				



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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. <i>Please include a copy of the passport biographical page of each dependent.</i>				
1. Family/Last Name (s):		Given/First Name(s):		
Gender: Male Female	Relationship: Spouse	Child	Date of Birth (mm/dd/yyyy):	
City & Country of Birth:	Country of Citizenship:		Country of Legal Permanent Residence:	
2. Family/Last Name (s):		Given/First Name(s):		
Gender: Male Female	Relationship: Spouse	Child	Date of Birth (mm/dd/yyyy):	
City & Country of Birth: Country of Citizenship:			Country of Legal Permanent Residence:	
3. Family/Last Name (s):		Given/First Nam	e(s):	
Gender: Male Female	Relationship: Spouse	Child	Date of Birth (mm/dd/yyyy):	
City & Country of Birth: Country of Citizenship:			Country of Legal Permanent Residence:	
4. Family/Last Name (s):		Given/First Name(s):		
Gender: Male Female	Relationship: Spouse	Child	Date of Birth (mm/dd/yyyy):	