

2019 REQUEST FOR ISSUANCE OF SEVIS FORM DS-2019 FOR FOREIGN ACADEMIC STAFF SEEKING J-1 EXCHANGE VISITOR STATUS

(Form A: to be completed by the Exchange Visitor and submitted to the sponsoring department – do not submit to OIS directly)

Dear Prospective scholar: Please complete all the information below (Form A - 3 pages) and return it to the personnel representative (or faculty supervisor) in the NC State department that will sponsor your visit. With it, please include a photocopy of the passport bio page for yourself and any dependents who will accompany you. **This is not an immigration document. DO NOT submit it to OIS directly or to the US consulate. It will not enable you to obtain a visa.** Please type or print, and answer all questions in full. Please type or print, and answer all questions in full. To learn more about OIS and your responsibilities as a J-1 Exchange Visitor, please visit: <http://www.ncsu.edu/ois/research/>

PERSONAL AND CONTACT INFORMATION

Family - Last Name(s): <i>(as it appears in the passport)</i>	
First Name: <i>(as it appears in the passport)</i>	
Middle Name: <i>(as it appears in the passport)</i>	
Date of Birth (Month-Day-Year):	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
City of Birth:	
Country of Birth:	
Country of Citizenship (passport country):	
Country of Permanent Residence:	
Occupation in your home country:	<input type="checkbox"/> Faculty/Researcher <input type="checkbox"/> Government <input type="checkbox"/> Industry <input type="checkbox"/> Other (specify): _____
Name of employer in your home country:	
Nature of employer in your home country:	
Date awarded bachelor's degree:	
Most recent degree (level & major) earned:	

Street Address in Home Country:	
City:	
Province:	
Country:	
Postal Code:	
Current email address:	
Emergency Contact (name / email):	/

FAMILY (DEPENDENT) INFORMATION

DO YOU INTEND TO BRING YOUR IMMEDIATE FAMILY MEMBERS WITH YOU WHEN YOU ARRIVE? **Yes** **No**
If your answer is yes, please complete this form. If your answer is no, please proceed to page 3.

Please note: Only a lawful spouse and dependent children under the age of 21 who are not US citizens or were not born in the US are eligible for J-2 dependent status. Parents, siblings, children over the age of 21, servants, common-law spouses or paramours, same-sex partners, and other friends or relatives are not eligible for J-2 dependent status. It is possible, and sometimes beneficial, for a J-1 Exchange Visitor to arrive alone at first, get settled, set-up an apartment, and then invite family members to arrive later. Others prefer to bring immediate family members with them.

For each dependent family member in the US or coming to the US, please provide the following information (additional pages may be used):

NAME OF SPOUSE _____
(As it appears in the passport) (Family/Last) (First) (Middle)

FEMALE [] DATE OF BIRTH _____ PLACE OF BIRTH _____
MALE [] (Month/Day/Year) (city) (country)

COUNTRY OF CITIZENSHIP _____ COUNTRY OF LEGAL PERMANENT RESIDENCE _____

NAME OF CHILD #1 _____
(As it appears in the passport) (Family/Last) (First) (Middle)

FEMALE [] DATE OF BIRTH _____ PLACE OF BIRTH _____
MALE [] (Month/Day/Year) (city) (country)

COUNTRY OF CITIZENSHIP _____ COUNTRY OF LEGAL PERMANENT RESIDENCE _____

NAME OF CHILD #2 _____
(As it appears in the passport) (Family/Last) (First) (Middle)

FEMALE [] DATE OF BIRTH _____ PLACE OF BIRTH _____
MALE [] (Month/Day/Year) (city) (country)

COUNTRY OF CITIZENSHIP _____ COUNTRY OF LEGAL PERMANENT RESIDENCE _____

NAME OF CHILD #3 _____
(As it appears in the passport) (Family/Last) (First) (Middle)

FEMALE [] DATE OF BIRTH _____ PLACE OF BIRTH _____
MALE [] (Month/Day/Year) (city) (country)

COUNTRY OF CITIZENSHIP _____ COUNTRY OF LEGAL PERMANENT RESIDENCE _____

NAME OF CHILD #4 _____
(As it appears in the passport) (Family/Last) (First) (Middle)

FEMALE [] DATE OF BIRTH _____ PLACE OF BIRTH _____
MALE [] (Month/Day/Year) (city) (country)

COUNTRY OF CITIZENSHIP _____ COUNTRY OF LEGAL PERMANENT RESIDENCE _____

If family members have been in the US previously, please list on a separate sheet of paper the previous times they were in the US including the dates, visa types and the duration of time in the US. Those in J-2 status of working age may apply to the US government (USCIS) for employment eligibility after arrival. Please bring copies of all J-2 immigration documents with you when you check in with OIS. J-2 family members are not permitted to remain behind in the US in J-2 status if you abandon or complete your program, change your status, or leave the US for an extended period of time (e.g., more than 30 days). Please contact an OIS advisor for more information.

Additional Information:

IMMIGRATION INFORMATION

ARE YOU CURRENTLY IN THE US IN ANY OTHER NON-IMMIGRANT STATUS (e.g., F-1, F-2, B-1, B-2, H-4, etc)?

YES NO

(If YES, please list your visa type, dates, duration, purpose, and sponsor - if any – and attach a photocopy of any immigration document you may have and indicate any plans you may have for traveling abroad).

HAVE YOU BEEN IN THE US IN ANY NON-IMMIGRANT STATUS (e.g., F-1, J-1, H-4, etc), DURING THE PREVIOUS THREE YEAR PERIOD?

YES NO

(If YES, please list your visa type, dates, duration, purpose, and sponsor - if any –and indicate any plans you may have for traveling abroad).

ARE YOU CURRENTLY IN THE US IN J-1 STATUS AND DESIRE TO TRANSFER TO NC STATE? YES NO

Category: Research Scholar Professor Short-Term Scholar Student Other: _____

Complete the following information only if your answer to the above question is “yes”

Curriculum/Research Area & Code:	
Research Objective/Focus:	
Current Expiration Date (DS-2019):	
Date you started your J-1 program?	
Current Sponsor (institution on DS-2019):	
Current sponsor department/unit:	
J-1 Responsible Officer name:	
J-1 Responsible Officer's email:	
J-1 Responsible Officer telephone:	
Your current supervisor's (P.I.) name:	
Your current supervisor's (P.I.) email:	
Your current supervisor's (P.I.) telephone:	
NC State department you wish to join:	
Your primary contact (P.I.) at NC State:	
Your NC State contact's email:	
Date you wish to transfer (if eligible):	

**(Important: you must attach a photocopy of all your Forms DS-2019 and current I-94 with this form to your NC State contact)
Your current Responsible Officer must not transfer your SEVIS record to NC State until process is complete.**

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(Form B: to be completed by the sponsoring NC State academic department, not the Exchange Visitor)

Department Personnel: Please complete **Form B** (all 3 pages), please type or print neatly and answer all questions in full. **Forms A and B are not immigration documents**, but are used by OIS to create a SEVIS record.

DEPARTMENTAL INFORMATION

NAME OF SCHOLAR: _____ ID #: _____

SPONSORING NC STATE DEPT: _____ BOX: _____ COLLEGE: _____

- THIS REQUEST IS FOR:
- an initial DS-2019
 - an extension of stay (the scholar is currently in your department and needs more time to complete the research)
 - amend a previous DS-2019 (the scholar is here, but will change departments at NC State or change pay status)
 - a new DS-2019 for a returning J-1 scholar (the scholar was here previously, but is invited to return for new research)
 - transfer from other J-1 Program in the US (the scholar is currently in J-1 status elsewhere and will continue his or her program at NC State under NC State supervision; the scholar must supply sponsor information on Form A)

PROPOSED EFFECTIVE DATE _____ PROPOSED END DATE _____
Month/Day/Year Month/Day/Year

The proposed effective date (Begin/Hire/Start date) should be at least 90 days into the future from the date of submission to OIS. OIS recommends 1 year maximum initial appointment for scholars whose primary funding source is personal funds or is non-NC State funding. The end date (of the offer and on the DS-2019) must match the end date in the appointment in the HR system. Any change in begin or end dates, funding, pay status, pay amount, supervisor, residence, or site of research activity must be authorized in SEVIS by OIS before the change is effective.

TITLE/APPOINTMENT TO BE ENTERED INTO THE HUMAN RESOURCES SYSTEM AT NC STATE: _____

- IS THIS A NON-TENURE TRACK POSITION, TEMPORARY IN NATURE? YES NO
- IS THIS A PAID POSITION? YES NO
- IS THIS INDIVIDUAL CURRENTLY A STUDENT OVERSEAS? YES NO
- DOES THE SCHOLAR HOLD AT LEAST A BACHELOR'S DEGREE ? YES NO
- HAS THE NC STATE DEPARTMENT CONFIRMED THE SCHOLAR'S ENGLISH ABILITY? YES NO
- CAN THIS SCHOLAR REASONABLY COMPLETE THE RESEARCH IN THE TIME ALLOTTED? YES NO

Please select J-1 Category: _____ For category descriptions, visit here: <http://www.ncsu.edu/ois/ask/faq>

SITE(S) OF RESEARCH: _____
Room / Lab #, Building, Street Address, City, Zip code

DESCRIPTION OF VISITOR'S PRIMARY ACTIVITY OR RESEARCH AT NC STATE (Please be **specific**, but use non-technical English terms):

FINANCIAL INFORMATION - By federal regulation, Form DS-2019 for foreign nationals and/or their families cannot be issued unless funding for minimum maintenance costs for the full period is documented; i.e., **\$18,000** per year (\$1,500/mo) for the principal visitor, **\$7,800** (\$610/mo) for the spouse and **\$4,200** (\$31 €/mo) for each child (NB: cost of travel and required insurance are not included in these estimates).

Please **attach written documentation of source (in English) and exact amount of funding (in US dollars)**, such as NC State offer letter, letter on letterhead from other funding institution, bank statement, etc.

<u>Source of Financial Support</u>	<u>Amount for Period of Stay</u>	<u>Annual or Period?</u>
<input type="checkbox"/> NC State (direct payment or via grant)	\$ _____	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> The Exchange Visitor's Government (Attach support letter)	\$ _____	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> All Other Organizations (Attach support letter)	\$ _____	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Personal Funds (Attach current bank statement in US dollars)	\$ _____	<input type="checkbox"/> <input type="checkbox"/>

REQUIRED SIGNATURES & COLLEGE CERTIFICATION

The above named Exchange Visitor will be supervised by the NC State faculty sponsor whose signature appears below, and the proposed research (or teaching) activity is both consistent with the objectives of the Exchange Visitor Program and the goals, strengths, and interests of the academic/research department. There will be sufficient resources and oversight in the department to provide adequate supervision, safety, and a satisfactory research experience for the visiting scholar. The department understands and agrees to assist the Exchange Visitor in getting settled in the Raleigh area, will provide appropriate supervision to the Exchange Visitor, and will notify OIS of a possible late arrival, an early termination, changes in payment, or any significant changes or problems in the Exchange Visitor's program. The department is responsible for completing the appropriate employment forms and appointment steps in the HR system.

Department Personnel Representative

NAME: _____

E-MAIL: _____

SIGNATURE: _____

DATE: _____

Faculty Sponsor

NAME: _____

E-MAIL: _____

SIGNATURE: _____

DATE: _____

Department Head:

NAME: _____

E-MAIL: _____

SIGNATURE: _____

DATE: _____

Dean-level signature required by the following colleges: COD, COE, COM, COT, and CVM.

College Dean

NAME: _____

E-MAIL: _____

SIGNATURE: _____

DATE: _____

Once Form A and B are completed, please submit the following documents to OIS for issuance of Form DS-2019:

- ✓ DS-2019 Request Form A and B,
- ✓ Proof of funding (e.g. Offer letter, bank statement, sponsor letter),
- ✓ Copy of biographical page of passport visiting scholar (and of dependents if applicable).

***If this is a request for a transfer-in to NC State University, please also include copies of the Exchange Visitor's current DS-2019 Form, I-94 card and visa.*

Please allow 5 days for DS-2019 processing at OIS.

The Personnel Representative listed above will be notified via e-mail once the DS-2019 is available for pick-up. *If you would prefer for someone else in your department to be notified, please complete the below information:*

NAME: _____

E-MAIL: _____