

FORM INSTRUCTIONS

THIS FORM IS TO BE COMPLETED BY THE WSU HOST DEPARTMENT

Please include the following:

- Copies of the J-1's and any J-2's Passport Identity Pages
- Financial Certification Letter (if not funded by WSU)
- Copies of Previous J-1 and/or J-2 DS-2019 Forms (if applicable)
- J-1 Transfer-In Form (if applicable)

PURPOSE OF THE FORM (CHECK ALL THAT APPLY)

- The applicant is overseas and will be applying for a U.S. visa abroad
- The applicant is in the U.S. in another immigration category and will apply for change of status
- The applicant is currently with another WSU department and wishes to transfer to our department
- Facilitate entry of spouse and/or children to the U.S.
- Other

POSITION INFORMATION

I am requesting a DS-2019 for a:

- New Appointment Deadline: 10 weeks prior to start date
- Program Extension Deadline: 1 month prior to DS-2019 end date
- Transfer-In Deadline: 2 month prior to start date
- Change of Status Deadline: 4-6 months prior to start date

Visa Category:

- Short-Term Scholar (research or teaching for 6 months or less)
- Research Scholar (research or teaching for more than 6 months)
- Professor (teaching for more than 6 months)
- J-1 Intern

Program Dates:

Start: _____ End: _____
(month/day/year) (month/day/year)

WSU Title:

Specific Field:

Percent Time:

Description of the scholar's proposed Research/Teaching at WSU:

Site of Activity:

Will the scholar participate only in the primary activity at WSU? Yes No*

*If No, please indicate the other site(s) of activity, using a separate sheet if necessary.

WSU Site of Activity	
Site Name:	
Address:	
Other Site of Activity	
Site Name:	
Address:	
Other Site of Activity	
Site Name:	
Address:	

DEPENDENT INFORMATION

Only complete this session if requesting a J 2 DS 2019. Only spouses and unmarried children younger than 21 are eligible. Enter information as it appears on the passport and attach additional pages if necessary.

1.	Family/Last Name(s):		
Given/First Name(s):		Middle Name(s):	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Child		Date of Birth:
Place of Birth:	Country of Citizenship:	Country of Legal Permanent Residence:	
International Phone Number:		Email Address:	
2.	Family/Last Name(s):		
Given/First Name(s):		Middle Name(s):	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Child		Date of Birth:
Place of Birth:	Country of Citizenship:	Country of Legal Permanent Residence:	
International Phone Number:		Email Address:	
3.	Family/Last Name(s):		
Given/First Name(s):		Middle Name(s):	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Child		Date of Birth:
Place of Birth:	Country of Citizenship:	Country of Legal Permanent Residence:	
International Phone Number:		Email Address:	
4.	Family/Last Name(s):		
Given/First Name(s):		Middle Name(s):	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Child		Date of Birth:
Place of Birth:	Country of Citizenship:	Country of Legal Permanent Residence:	
International Phone Number:		Email Address:	

HOST DEPARTMENT INFORMATION

WSU Host Department: _____

Department Address: _____

Department Contact: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

ENGLISH LANGUAGE PROFICIENCY STATEMENT BY SUPERVISOR/PI (FOR NEW APPOINTMENTS ONLY)

By signing below, I conform that I have conducted an interview with the prospective J-1 scholar either in-person, by videoconference, or by telephone, and that the scholar has sufficient English proficiency not only to successfully participate in his/her program but also to function on a day-to-day basis.

Date of Interview: _____

Time of Interview: _____

Method used: In-Person Videoconference Telephone

Interviewer's Signature: _____

FINANCIAL INFORMATION

Financial certification in English and in U.S. Dollars is required for financial support not supplied by WSU. If a funding document does not list funding in U.S. Dollars, a conversion must be submitted. Scholars must provide at least \$1,454/month proof of funding for self plus an additional \$500/month for a spouse and an additional \$400/month for each child.

Funding Source	Amount Per Month	Number of Months	Total Amount
Wayne State University			
US Government Agency Please Specify: _____			
Scholar's Home Government Please Specify: _____			
International Organization Please Specify: _____			
Other Organization Please Specify: _____			
Personal Funds			
Total Required for Program:			
Total Scholar has for Program:			

DOCUMENT CERTIFICATION BY SCHOLAR

I hereby attest that the copies of the documents that I have submitted are exact photocopies of unaltered original documents. I understand that I may be required to submit original documents to immigration, consular, or WSU school official at a later date. I confirm that I have signed the J-1 Scholar Statement of Responsibility Form.

Scholar Name:

Scholar Signature:

Date:

SIGNATURE AUTHORIZATION

I hereby state that I have verified this information and confirm that WSU meets U.S. Department of State's standards listed in this Request to host the aforementioned J-1 scholar and their J-2 dependent(s).

SPONSORING PROFESSOR

Name:

Department:

Email Address:

Phone:

Signature:

Date:

DEPARTMENT CHAIR

Name:

Department:

Email Address:

Phone:

Signature:

Date:

DEAN, DIV. COORDINATOR, OR OFFICIAL DESIGNEE

Name:

Department:

Email Address:

Phone:

Signature:

Date:

DEPARTMENT / DIVISION CONTACT IF OTHER THAN ABOVE

Name:

Department:

Email Address:

Phone:

Signature:

Date:

EXCHANGE VISITOR STATEMENT OF RESPONSIBILITY

Please review each item below carefully. You are responsible for adhering to these rules and regulations. By signing at the bottom, you declare that you understand the consequences, if you fail to do so.

I understand it is **my responsibility** as a J-1 Exchange Visitor that:

- I can only engage in activities as specified on my DS-2019 form.
- In the case of a transfer to another university, I must process my J-1 SEVIS transfer on or before the ending date of the program, which is stated at #3 on the DS-2019 form. I will meet with an OISS Advisor at least 10 business days before I transfer out of WSU.
- I may not accept employment at WSU in a department other than the one stated on my DS-2019 form without authorization from OISS.
- I will keep my passport valid at all times.
- I must have a valid J-1 visa stamp in my passport, as well as a travel signature on my valid DS-2019, to enter the U.S. after a temporary visit abroad.
- I will report any change of field of studies, funding source or name change to OISS within 10 days of such change.
- I will provide OISS with any change in my (and my dependent's) place of residence in the U.S. within 10-days of such change. The address I provide will be the actual physical location where I reside.
- I understand that, per the requirement from the U.S. Department of State, during my period of appointment at Wayne State University as a J-1 Exchange Visitor, I must comply with the Department of State (DOS) regulations which require that I purchase health insurance for myself and my accompanying J-2 dependents (spouse and children), if applicable, throughout the duration of my/our visit in the U.S. I understand that failure to comply with this requirement will result in termination from the Exchange Visitor Program at Wayne State University.

Signature of Exchange Visitor

Name (Print)

Date