



11. Occupation in home country—Use the look-up tables at [www.iss.umn.edu/jFieldCode/](http://www.iss.umn.edu/jFieldCode/) to fill in the codes:

Home Country Position Word Description: \_\_\_\_\_

Home Country Position Code Number: \_\_\_\_\_

- a) Is the exchange visitor a medical student?: \_\_\_\_\_ Yes – If yes, skip to #12. \_\_\_\_\_ No  
b) Is the exchange visitor an undergraduate student in his/her home country who has not yet completed a bachelor's degree? \_\_\_\_\_ No - If no, go to #12. \_\_\_\_\_ Yes - If yes, you must include the Undergraduate Statement, which can be downloaded at [www.iss.umn.edu/forms/j1forms.html](http://www.iss.umn.edu/forms/j1forms.html).

12. Is the exchange visitor a physician or certified to practice medicine (an M.D.) in his or her home country?:  
\_\_\_\_\_ No – If no, skip to #13.  
\_\_\_\_\_ Yes – If yes, you must check one of the following and attach a letter as instructed. We cannot process your DS-2019 request without the letter:

\_\_\_\_\_ **No patient contact (observing):** The physician will at most attend or give lectures, go into patient areas as an observer or consultant, or work on research tissue and specimens that have no direct bearing on patient care. You must attach a “no patient contact” letter to this application. Please see “Instructions for Department Request for SEVIS DS-2019” for the requirements for the letter.

\_\_\_\_\_ **Incidental NON CLINICAL patient contact:** The physician participating in a program of observation, consultation, teaching or research may need to have limited patient contact in order to carry out those objectives. The limited patient contact must be “incidental” to the programs objectives. Patient contact **MUST NOT** be connected to any clinical program (diagnosis and/or treatment). There must be **NO** element of patient care involved in the program and/or **NO** hands-on assistance during any clinical procedure.

You must attach an “incidental patient contact” letter to this application. Please see “Instructions for Department Request for SEVIS DS-2019” for how to request the letter from Medical School.

13. Is this a residency program?:  
\_\_\_\_\_ No  
\_\_\_\_\_ Yes - If yes, ISSS cannot process this request. Please see “Instructions for Department Request for SEVIS DS-2019” for more information.

14. Describe in one sentence, the project and activities in which the individual will be engaged, e.g. research in..., teaching, etc. YOU MUST SPECIFY THE TYPE OF RESEARCH THE EXCHANGE VISITOR WILL BE ENGAGED IN.

\_\_\_\_\_

15. The J-1 category at the University of Minnesota will be (check one):

- \_\_\_\_\_ **Professor** – Primarily teaching, lecturing, observing and may conduct research. (Minimum 3 week stay in the U.S.; maximum five-year stay in the U.S.)  
\_\_\_\_\_ **Research Scholar** – Primarily conducting research, observing and may also teach or lecture. (Minimum 3 week stay in the U.S.; maximum five-year stay in the U.S.)  
\_\_\_\_\_ **Short-term Scholar** – Person with similar education to professor/research scholar coming for short-term visit primarily for lecturing, observing, training, etc. (no minimum stay, but a maximum six month stay in the U.S., not possible to extend or change status).

**IMPORTANT!** Do not use this form for J-1 students whose primary purpose is to participate in a UMN degree or non-degree-seeking program in your department. They need a J-1 student DS-2019. They should fill out the Financial Certification form provided by the Graduate School or Office of Admissions and submit the form to ISSS.





21. Will the exchange visitor's activity site (physical location of their activities as a J-1) be the UMN hosting department(s)?
- a.  Yes (Skip to question 22)
- b.  No (You must answer d, e, and f below)
- c.  The exchange visitor's physical location will be at more than one site, including the hosting UMN department. (You must answer d, e, and f below.)
- d. Name(s) of the activity site(s): \_\_\_\_\_  
 \_\_\_\_\_
- e. Address(es) of activity site(s) (Building, Street, City, & Zip - Do not use a P.O. Box):  
 \_\_\_\_\_  
 \_\_\_\_\_
- f. Is the exchange visitor is receiving at least 25% of their funding from UMN?  Yes  No  
 If no, and you checked b or c above, you must attach a letter from the department or division head of the UMN hosting department. Please see "Instructions for Department Request for SEVIS DS-2019" for the requirements for the letter.

**Note: Please read the description below before completing item #22 & #23**

**THE DS-2019 WILL NOT BE ISSUED WITHOUT AN ANSWER TO BOTH QUESTIONS BELOW.**

***NEW! Twenty- Four Month bar for J Research Scholar or Professor Category, & their J-2 Dependents in addition to the 12 Month Bar for J Research Scholar or Professor Categories***

*The visitor is not eligible for program participation as a Research Scholar or Professor if s/he has been physically present in the United States in J-1 status in the Research Scholar or Professor category, or in J-2 Dependent status of a J-1 Research Scholar or Professor for any length of time during the 24-month period immediately preceding the proposed DS-2019 start date, unless the participant is a J-1 Research Scholar/Professor transferring to the University of Minnesota, or the participant's status in the United States was/is that of J-1 Short-Term Scholar or J-2 Dependent of a J-1 Short Term Scholar. Visitors who are subject to the 24-month bar are not eligible to begin a new program as Research Scholars or Professors, until 24 months have passed since they were physically present in the U.S. in J-1 status as a Research Scholar or Professor or J-2 status of a J-1 Research Scholar or Professor. However, they are eligible to begin a new program as J-1 Short-Term Scholars (for this category, max. program length is 6 months).*

*The visitor is not eligible for program participation as a Research Scholar or Professor if s/he has been physically present in the United States in J-1 status (in any category except Short Term Scholar) or in J-2 Dependent status (of any J-1 category, except J-2 of a J-1 Short Term Scholar) for 6 months or longer during the 12-month period immediately preceding the proposed DS-2019 start date. However, they are eligible to return to the US on other visa types or in other J categories (i.e. Short Term Scholar, J-2 Dependent, or J Student).*

22. Has the exchange visitor been in the US in J-1 (any category ) or J-2 status during the previous 12 months?

No: Go to Question #23.

Yes: Please enter dates and program numbers for all visits to the U.S. in J-1 or J-2 status within the last 12 months, (e.g., U of M: P-1-00045, USIA: G-1-1) **or** attach all DS-2019 copies for that period of time.

23. Has the exchange visitor been in the U.S. as a J-1 Research Scholar or Professor or as a J-2 dependent of a J-1 Research Scholar or Professor during the previous 24 months?

No: Go to Question #24

Yes: Please enter dates and program #'s for all visits to the U.S. as a J-1 Research Scholar or Professor or as a J-2 dependent of a J-1 Research Scholar or Professor **within the last 24 months**. (e.g., U of M: P-1-00045, USIA: G-1-1) **or** attach all DS-2019 copies for that period of time.



24. Does the J-1 exchange visitor wish to bring dependents on a J-2 visa? \_\_\_No (go to #24) \_\_\_Yes (fill out below)  
(J-2 dependents are: Legal spouse and **dependent children under 21**. Do not include family members who are U.S. citizens or were born in the U.S., they should use a U.S. passport to enter the U.S.)

\_\_\_ J-2 dependents will be traveling with the J-1 to the U.S. (Please fill in dependent information below.)

\_\_\_ J-2 Dependents will be traveling separately (Please fill in dependent information below)

**Important:** - J-2 dependents are not allowed to enter the U.S. before the J-1's initial entry.

- Indicate name exactly as it is written in the dependent's passport.

- See instructions for required PeopleSoft data entry – If the required field are not filled in, application will not be processed.

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**Dependent #1**

PeopleSoft ID \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Gender \_\_\_\_\_

Relationship to J-1 (spouse or child) \_\_\_\_\_

City of Birth \_\_\_\_\_

Country of Birth \_\_\_\_\_

Country of Citizenship \_\_\_\_\_

Country of Permanent Residence \_\_\_\_\_

---

**Dependent #2**

PeopleSoft ID \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Gender \_\_\_\_\_

Relationship to J-1 (spouse or child) \_\_\_\_\_

City of Birth \_\_\_\_\_

Country of Birth \_\_\_\_\_

Country of Citizenship \_\_\_\_\_

Country of Permanent Residence \_\_\_\_\_

---

**Dependent #3**

PeopleSoft ID \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Gender \_\_\_\_\_

Relationship to J-1 (spouse or child) \_\_\_\_\_

City of Birth \_\_\_\_\_

Country of Birth \_\_\_\_\_

Country of Citizenship \_\_\_\_\_

Country of Permanent Residence \_\_\_\_\_





## To be completed and signed by UMN hosting department

We understand that a primary purpose of the Exchange Visitor Program is to foster the exchange of ideas between Americans and foreign nationals and to stimulate international collaborative teaching and research efforts.

We also understand that the exchange of professors and research scholars promotes interchange mutual enrichment, and linkages between research and educational institutions in the United States and foreign countries. It does so by providing foreign professors and research scholars the opportunity to engage in research, teaching and lecturing with their American colleagues, to participate actively in cross-cultural activities with Americans, and ultimately to share with their fellow citizens their experiences and increased knowledge about the United States and their substantive fields.

Our department is inviting this individual for the period indicated.

If University of Minnesota departmental funding is shown on the previous page, we verify that the information is accurate.

If funding shown on the previous page comes from a third party, we verify that the scholar will directly receive the funds. The University will not dispense or receive any of the funds for the scholar. In case they do, we will add a separate statement to this application

We understand that the scholar and his/her dependents are required to carry health insurance for the duration of their stay. In addition, the U of MN requires all international scholars to enroll in the University sponsored health insurance.

The faculty mentor indicated below agrees to abide by the "Faculty Mentor Responsibilities" on our website at:

[www.isss.umn.edu/forms/j1forms.html](http://www.isss.umn.edu/forms/j1forms.html).

*Both signatures below are required. Please sign in blue ink.*

\_\_\_\_\_  
Signature of UMN Faculty Mentor/Supervisor

\_\_\_\_\_  
Print Name and UMN Title

\_\_\_\_\_  
UMN Hosting Department

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone and fax

\_\_\_\_\_  
Email

\_\_\_\_\_  
Signature of UMN Department Head

\_\_\_\_\_  
Print Name and UMN Title

\_\_\_\_\_  
UMN Hosting Department

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone and fax

\_\_\_\_\_  
Email



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# UNIVERSITY OF MINNESOTA

International Student and Scholar Services  
Office of International Programs  
Office of Executive Vice President and Provost

190 Hubert Humphrey Center  
301-19th Avenue South  
Minneapolis, MN 55455  
Tel.: 612-626-7100  
Fax: 612-626-7361

## J SCHOLAR ADMINISTRATIVE FEE FORM

The UMN hosting department must provide the following information for budget purposes. Please include this form with visa request document. **ALL THE FIELDS IN BOLD ARE REQUIRED** (without this information, our office will NOT be able to PROCESS THE APPLICATION and will SEND IT BACK to the requesting department).

**(REQUIRED)**

Name of Exchange Visitor \_\_\_\_\_ **EMPLID** \_\_\_\_\_

**(REQUIRED)**

**NAME OF FACULTY REQUESTING DS-2019** \_\_\_\_\_ **Email** \_\_\_\_\_

**Phone** \_\_\_\_\_

**(REQUIRED)**

Non-sponsored Account String **Fund** \_\_\_\_ **DeptID** \_\_\_\_ **Acct** 720399 **Program** \_\_\_\_

**(OPTIONAL)**

CF1 \_\_\_\_\_ CF2 \_\_\_\_\_

FinEmplID \_\_\_\_\_ Cost Share \_\_\_\_

**(REQUIRED)**

Department Name \_\_\_\_\_

Department Address \_\_\_\_\_

Budget Contact Person \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

FOR OIP USE ONLY

\_\_\_\_\_ J-1 (\$250)

Date Sent to OIP \_\_\_\_\_

