

UNIVERSITY OF MINNESOTA

J-1 Scholar Service Request Form

For J-1 scholars, professors, and short-term scholars on DS-2019's issued by ISSS only

The purpose of this application (check all that apply):

- Signature on DS-2019 for re-entry (For J-1 and/or J-2)
 - Replacement of lost/stolen/inaccurate DS-2019
 - Authorization for occasional lectures and short-term consultations (See "Occasional Lectures and Short-term Consultations" at < <http://www.iss.umn.edu/forms/j1forms.html>> for additional instructions.)
 - Other, please specify: _____
- **Do not use this form for the following purposes:** Extensions, dependent documents, transfers, I-515, new arrivals, and change of status. Go to <<http://www.iss.umn.edu/forms/j1forms.html>> for J-1 forms for different purposes.
 - **Bring the following documentation with you when submitting this form to an ISSS J-1 adviser: passport, DS-2019, and I-94**
 - **Please fill in Page 1 only.** Page 2 of this form will be completed by a J adviser at ISSS.
 - **Please make a copy of your completed application materials for your own records.** ISSS is not able to make copies for you.

General Information – Please fill in

Scholar's Name: _____ UMN ID#: _____

Home Phone: _____ Work Phone: _____

Fax: _____ Email: _____

Current DS2019 expiration date: _____

If you are traveling outside the U.S.: Travel dates: _____
(Leaving the U.S.) (Returning to the U.S.)

Destination: _____

Scholar Signature – Please read and sign below

I certify that the information I have provided with this application is complete and accurate. I understand that this information may be used in generating an official legal document, and that it is illegal to provide false information on such documents. I understand that it is my responsibility to provide health and hospitalization insurance that meet the J visa regulatory requirements for my J-2 dependents and myself. My J-2 dependents and I have the following insurance plan (Check one):

- University of Minnesota Student Health Benefit Plans (SHBP)
- United States-based employer-sponsored health plan (including Univ. of MN Employee Benefit Insurance)

By signing below, I verify that I understand and agree to the above information.

Scholar's signature: _____ Date: _____



Adviser Checklist – ISSS staff will complete this section

Documents & Requirements

DS-2019 Did ISSS issue the DS-2019?: Yes — If yes, proceed with rest of form
 No — If no, refer to J-1 sponsor.

DS-2019 expiration date: _____

Is the information on your current SEVIS DS-2019 still valid?

Yes
 No — What has changed?: _____

I-94 Visa type on I-94: _____
Expiration date or D/S: _____
If type is not correct or if there is a date instead of D/S, discuss implications with scholar.

Passport Passport expiration date: _____
Is passport still valid?: Yes
 No — If no, we cannot process DS-2019 request, unless returning home.
Refer to home country consulate for renewal.

Visa Stamp Type: _____ Number of Entries: _____ Expiration date: _____

If visa stamp will expire before reentry, explain that new visa is needed for reentry except from Canada, Mexico and other contiguous territories.

Dependents

Are there J-2 dependents?: Yes No How many J-2 dependents?: _____

Travel

Is the J-1 traveling?: Yes No

Is J-2 traveling?: Yes - If yes, each traveling J-2 needs to have a valid reentry signature on his/her own DS-2019.
 No

Is the J-1 traveling without the J-2?: Yes - If yes, discuss implications.
 No

Subject to Special Registration (NSEERS)?: Look for FIN# on I-94, Visa Stamp, or DS-2019.
 Yes – If subject, explain the departure registration requirement and possibility to be subject again upon reentry.
 No

Tell them they must see if they need a visa to get into Canada or Mexico. Check if their U.S. entry visa will work for re-entry.

ISSS Adviser Initials _____ Date _____

