

# INSTRUCTIONS

## J-1 SCHOLAR DS-2019 REQUEST

*For Professors, Research Scholars, and Short-Term Scholars on DS-2019's issued by ISSS only*

J-1 Scholars, use this form for the following purpose:

- Extensions
- I-515 Entry
- Correct the Record
- Reinstatement of J-1 status
- Amended DS-2019 to correct or update information

**Please read the following information carefully before you fill out this form:**

1. If your DS-2019 was not issued by ISSS, please contact your J-1 program sponsor for assistance.
2. **Faculty verification signature and administrative fees:** Depending on the purpose of this application, Faculty Supervisor/Department Head Signature (page 5) and Faculty/Scholar Administrative Fee Form (page 6) must be provided with this request. Please see Section 1 of this form to see if you need those for this application.
3. **DS-2019 extension:** If you are applying for an extension of your DS-2019, please note that extensions will generally not be prepared more than 60 days prior to the end date on the DS-2019. If you have a J-2 dependent who needs an extension of their J-2 work permission/EAD card, we can extend your stay up to 120 days prior to the expiration date. If you are on U of MN payroll, you will need to take your new DS-2019 to Central Payroll in the West Bank Office Building or Job Center in 170 Donhowe Building in the East Bank for I-9 verification. If you have a driver's license, you will need to apply for an extension of your license with the MN Department of Motor Vehicles.
4. **Duration of J-1 program:** Your J-1 program may last up to five years (maximum six months for short-term scholars).
5. **How to submit this request form:** This form must be submitted **in person** to a J-1 adviser in ISSS (if you are working in one of the UMN Coordinate Campuses or in another state, you can mail the request). **We will not accept your request if this form is not completed or any supporting documents (see #6 below) are missing.** Before submitting, please make a copy of your completed application materials for your own records. ISSS is not able to make copies for you.
6. **Required supporting documents:** Be sure to bring the following:
  - Passport (for J-1 and J-2 dependents)
  - Proof of funds (dated within 30 days of application). Separate documentation of U of MN funding is not needed if your faculty mentor signs page 5.
  - Scholar Administrative Fee Form (page 6) (if applicable)
7. **Processing time:** It takes 1-2 weeks for ISSS to process a new DS-2019 after we receive your complete application (including all the required supporting documents). You will be notified by email when your new DS-2019 form is ready for you to pick up.
8. **Name consistency:** If the name on your Social Security card and/or University records (e.g. payroll, registration) is different from the name in your passport, please contact the appropriate office/s as soon as possible to find out how to change your name to conform to your passport name. If you have changed your name and your passport reflects your old name, you must change the information in your passport before any requests for a name change can be processed (e.g. name on Social Security card, University database, etc.).
9. **UMN Insurance policy:** J-1 scholars and their J-2 dependents must comply with the UMN insurance policy. For information about the policy, please go to Boynton: <<http://bhs.umn.edu/insurance/international.htm>>.



# J-1 SCHOLAR DS-2019 REQUEST

For Professors, Research Scholars, and Short-Term Scholars on DS-2019's issued by ISSS only

\_\_\_\_\_ Date Received

## SECTION 1: PURPOSE OF THIS APPLICATION *Please check appropriate request*

### For the following requests, you must provide us with:

- Faculty Supervisor/Department Head Signature (page 5)
- Faculty/Scholar Administrative Fee Form (page 6)

Extension of my stay until \_\_\_\_\_ My current DS-2019 expires on \_\_\_\_\_  
Date (MM/DD/YYYY) Date (MM/DD/YYYY)

Correct the Record. (My last DS-2019 expired less than 120 days ago.)  
For this purpose I am requesting that my DS-2019 be extended until \_\_\_\_\_  
Date (MM/DD/YYYY)

Reinstatement of J-1 Status. (My last DS-2019 expired more than 120 days but less than 270 days ago.)  
For this purpose I am requesting that my DS-2019 be extended until \_\_\_\_\_  
Date (MM/DD/YYYY)

### For the following requests, no Faculty Signature (page 5) and no Fee (page 6) are required:

- I-515 Entry
- Amended DS-2019 to correct or update information
- Other \_\_\_\_\_

## CERTIFICATION BY THE SCHOLAR

### When you sign this, you become responsible for the information on this form.

I certify that the information given by me in Sections 1 through 3 of this form are complete and accurate from now until the end date on the requested DS-2019. I understand that this information will be used in generating an official DS-2019 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 J regulatory requirements for myself and my J-2 dependents.

I also am aware that dependents in J-2 status are not allowed to earn income in the United States without first receiving work permission from the US Citizenship and Immigration Services.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

## SECTION 2-1: GENERAL INFORMATION *All J-1 must fill out below*

UMN Employee ID Number: \_\_\_\_\_ SEVIS ID#: \_\_\_\_\_

J-1 Scholar's Name: \_\_\_\_\_  
Last First Middle

Contact Information: \_\_\_\_\_  
Home Phone Work Phone Email

INTERNATIONAL STUDENT & SCHOLAR SERVICES, U of MN  
190 Humphrey Center, 301-19<sup>th</sup> Ave. South  
Minneapolis, MN 55455, U.S.A.  
[www.iss.umn.edu](http://www.iss.umn.edu)

J-1 Scholar DS2019Request/SB/ISSS/UMN 06-17-09



**SECTION 2-1: GENERAL INFORMATION (CONTINUED)** *All J-1 must fill out below*

1. Have you or has anyone else filed an application for an employment-based visa (I-129) or permanent resident status (I-485) on your behalf with the Immigration Service?:  Yes - If yes, please consult with a J-1 advisor in ISSS.  No
2. Are you subject to the Two Year Home Residency Requirement Rule (212E)?  
 Yes  No  Applied for a waiver  Waiver was granted

Please, remember that the Two-Year Home Residency Requirement Rule (212e) and the 24-Month are two completely different regulations:

- a) The Two-Year Home Residency Requirement rule (212e) may apply to anyone who enters the U.S. on a J visa, and requires visitors who are subject to return to their "home" countries and be physically present there for a total of two years before being eligible to return to the United States in immigrant (permanent residence/green card) status, H status (temporary workers and dependents), or L status (intra-company transferees and dependents). Not all exchange visitors are subject to the Two-Year rule. See the ISSS website for more information.
- b) The 24-Month Bar only applies to J visa holders who enter the U.S. on the Research Scholar or Professor categories and their J-2 dependents. The 24-Month Bar requirement mandates that any J-1 that comes to the US for any length of time in the Professor or Research Scholar categories or as a dependent of a J-1 Research Scholar or Professor will not be able to come back to the US in the J Professor or Research Scholar categories for a period of two years after completing the J-1 program.  
The 24-Month Bar has no impact on your eligibility for J-1 Program Extension. See the ISSS website for more information.

3. Has there been any change in the information that you provided on the application for your current DS-2019?:  
 Yes – Please continue filling out Section 2-2 with your new information.  
 No – Skip Section 2-2. Please continue with Section 3.

**SECTION 2-2: J-1 NEW INFORMATION** *Fill out below with new information, if any*

**Fill in only the items below that have changed since your last application.**

1. J-1 Scholar's Name: Please print as it appears in the passport (a, b, and c are required, d is optional).  
a. Last Name/Family Name \_\_\_\_\_ b. First Name/Given Name \_\_\_\_\_  
c. Middle Name (Write "none" if none) \_\_\_\_\_ d. Suffix (Example: Jr., Sr., I, II) - optional \_\_\_\_\_
2. Country of Citizenship \_\_\_\_\_
3. Country of Legal Permanent Residence \_\_\_\_\_
4. Position/Occupation in Home Country (before coming to the U.S.)  
**(Please use the look-up tables at <<http://www.iss.umn.edu/j/jFieldCode/default.html>> to fill in the codes)**  
\_\_\_\_\_  
Position Code Number \_\_\_\_\_ Position Word Description \_\_\_\_\_
5. SEVIS Subject/Field Information for activity in the U.S. (your field of specialty in the U.S.)  
**(Please use the look-up tables at <<http://www.iss.umn.edu/j/jFieldCode/default.html>> to fill in this information)**  
\_\_\_\_\_  
Subject Category \_\_\_\_\_ Subject Code Number \_\_\_\_\_ Subject Word Description \_\_\_\_\_
6. Foreign Address  
Street Address \_\_\_\_\_ Apartment/Room Number \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Postal Code \_\_\_\_\_
7. Current **Residential** US Address  
Street Address \_\_\_\_\_ Apartment/Room Number \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
8. Site of Activity Address (Full Address, do not use a P.O. Box! Be sure to include: city, state, & zip code.)  
\_\_\_\_\_
9. Other: \_\_\_\_\_



**SECTION 3: DEPENDENT INFORMATION** *Please make copies of this page if you have more than 3 dependents.*

Do you currently have any J-2 dependents in the US?:

- No – Skip this section. Please continue with Section 4.  
**NOTE:** If you would like to request J-2 DS-2019s for your dependents, who have not joined your current J-1 program as J-2 yet, you need to fill out a separate request form, J-2 Dependent DS-2019 Request.
- Yes – How many? \_\_\_\_\_ Please fill out below for each dependent.

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**Dependent #1**

UMN ID \_\_\_\_\_  
Last Name \_\_\_\_\_  
First Name \_\_\_\_\_  
Middle Name \_\_\_\_\_  
Relationship to J-1:  Spouse  Child - If this child is turning 21 years old shortly, discuss with a J-1 advisor.  
Has there been any change in the information that you provided on the application for this dependents' current DS-2019?:  
 No  Yes – If yes, fill below with new information. Fill out the spaces only for what has changed.  
Country of Citizenship \_\_\_\_\_  
Country of Permanent Residence \_\_\_\_\_  
Residential U.S. Address \_\_\_\_\_  
\_\_\_\_\_  
Other \_\_\_\_\_

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**Dependent #2**

UMN ID \_\_\_\_\_  
Last Name \_\_\_\_\_  
First Name \_\_\_\_\_  
Middle Name \_\_\_\_\_  
Relationship to J-1:  Spouse  Child - If this child is turning 21 years old shortly, discuss with a J-1 advisor.  
Has there been any change in the information that you provided on the application for this dependents' current DS-2019?:  
 No  Yes – If yes, fill below with new information. Fill out the spaces only for what has changed.  
Country of Citizenship \_\_\_\_\_  
Country of Permanent Residence \_\_\_\_\_  
Residential U.S. Address \_\_\_\_\_  
\_\_\_\_\_  
Other \_\_\_\_\_

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**Dependent #3**

UMN ID \_\_\_\_\_  
Last Name \_\_\_\_\_  
First Name \_\_\_\_\_  
Middle Name \_\_\_\_\_  
Relationship to J-1:  Spouse  Child - If this child is turning 21 years old shortly, discuss with a J-1 advisor.  
Has there been any change in the information that you provided on the application for this dependents' current DS-2019?:  
 No  Yes – If yes, fill below with new information. Fill out the spaces only for what has changed.  
Country of Citizenship \_\_\_\_\_  
Country of Permanent Residence \_\_\_\_\_  
Residential U.S. Address \_\_\_\_\_  
\_\_\_\_\_  
Other \_\_\_\_\_



**SECTION 4: J-1 ESTIMATE OF EXPENSES**

**A. LIVING EXPENSES** This is an estimate of the minimum living expense for a 1-month period for the J-1 only. Dependent expenses are calculated in the next section.

Minimum \$1,100/month\$ \_\_\_\_\_ multiply x \_\_\_\_\_ months to find your total estimated living expenses

**TOTAL LIVING EXPENSES FOR J-1:**

[Empty box for total living expenses]

**B. J-2 DEPENDENTS' EXPENSES**

**It is your responsibility to provide full health/hospitalization insurance for your dependents immediately upon their arrival in the United States.** The figures below represent the estimated cost of living (including insurance) for dependents. Circle the appropriate number.

1 Dependent	\$642 per month	4 Dependents	\$1,323 per month
2 Dependents	\$902 per month	5 Dependents	\$1,530 per month
3 Dependents	\$1,110 per month		

J-2 DEPENDENTS \_\_\_\_\_ Multiply x \_\_\_\_\_ months to find your dependents' living expenses =

[Empty box for total dependent expenses]

**TOTAL**

Add the figures in the boxes to find your total expenses

\$

**SECTION 5: J-1 SOURCE OF FUNDS**

**You must show documentary evidence for each source of funding dated within 30 days (bank statements, employer letter, financial sponsorship letter, etc.). Verification of funding is not required for UMN funding.**

- J-2 income cannot be counted towards J-1's source of funds.
- Please indicate the total resources available to meet your expenses.

**NOTE: J scholars/professors are not eligible for tenure track positions.**

UMN Funding (specify department and type) \_\_\_\_\_

Title of Position (if employed) \_\_\_\_\_ % time

# of months \_\_\_\_\_ \$ \_\_\_\_\_

U.S. Government agency (ies) (specify source) \_\_\_\_\_ \$ \_\_\_\_\_

International Organization (s) (please specify) \_\_\_\_\_ \$ \_\_\_\_\_

Exchange Visitor's Government \_\_\_\_\_ \$ \_\_\_\_\_

The Binational Commission of the Exchange Visitor's Country \_\_\_\_\_ \$ \_\_\_\_\_

All other universities/organizations providing support (please specify) \_\_\_\_\_ \$ \_\_\_\_\_

Personal Funds/Savings \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL**

Add the figures above to find your total sources of funds

\$

**Faculty Supervisor or Department Head Verification Signature**

I certify that \_\_\_\_\_ is pursuing his/her research or educational objectives and needs an extension of stay until \_\_\_\_\_ to continue these objectives (**You must fill in a date**). If the scholar indicated above that he/she is financially supported by the University of Minnesota, this information is true and correct to my knowledge. I understand that the scholar is not eligible for tenure track positions. Also, if sources of funds include UMN funding, you must answer the following question: Has the Univ. of MN received funding from the U.S. government specifically for the purpose of international educational exchange for the exchange visitor (this does not include government grants given to the UMN directly, other than for the specific purpose of exchange)? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please specify \_\_\_\_\_

\_\_\_\_\_  
Date Signature Phone

\_\_\_\_\_  
Email Print Name Title



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 (\$220) or \$250 for apps received on or after 7/01/2009	Date Sent to OIP _____
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## 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 \_\_\_\_\_

*Extensions Only: When did the J program begin?* \_\_\_\_\_

*Has the J program exceeded 5 years?*  Yes or  No

**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 – How many? \_\_\_\_\_  
 No

Does the J-2 dependent have work permission?:  Yes  
 No

### Travel

Is the J-1 traveling?  Yes  No

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

Is the J-1 traveling without the J-2? If yes, discuss implications.

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 US entry visa will work for reentry.

ISSS Adviser Initials \_\_\_\_\_ Date \_\_\_\_\_

