

**APPLICATION FOR J-1 EXCHANGE VISITOR
(FORM DS2019)**

March 2008

1. Please complete the following information for the person being invited to Ohio University.

First name:	
Middle name:	
Last name:	
Date of birth (dd MON yy):	
Gender:	Female Male
City and country of birth:	
Country of citizenship:	
Country of legal permanent residence:	
Permanent address outside the US:	
Current position (include title & employer, for students indicate undergraduate or graduate):	
Will the visitor be accompanied by dependents (spouse and children under 21)?	YES NO If yes, complete accompanying dependent attachment at the end of this form.
Visitor's current e-mail address:	
Is the visitor currently in the US?	YES NO If yes, attach copies of current immigration documents.
Has the visitor been in the US previously?	YES NO If yes, provide dates, immigration status, and purpose for all previous visits to the US.
Is this an extension for a visitor already at OU?	YES NO
Primary location where visitor will be working or conducting research:	
Secondary location if applicable:	



OHIO
UNIVERSITY

Office of International Affairs
International Student and Faculty Services
348 Baker University Center, 1 Park Place, Athens OH 45701
T: 740.593.4330 F: 740.593.4328 <http://www.ohio.edu/isfs>

2. Appointment/invitation details for the person being invited to Ohio University

Length of appointment/visit (maximum is five years):	
Start date:	
End date:	
Renewable (circle one):	YES NO
Will visitor have OU employee status (circle one):	YES NO
Will visitor be eligible for OU employee health insurance for self and dependents (circle one):	YES NO

3. Sponsoring department information

Department:	
OU faculty/staff member hosting visitor:	
Host e-mail address and telephone number:	
Department contact if different from above:	
Department e-mail address and telephone number:	

Please attach a letter of invitation for the Exchange Visitor on department letterhead, specifying the following:

- the subject specialty of the Exchange Visitor (e.g. solid state physics, analytical chemistry, topology)
- the Exchange Visitor's primary activity while at Ohio University
- all other activities in which the Exchange Visitor will be involved including teaching, research, consultation with other departments
- the financial support the Exchange Visitor will be receiving from Ohio University and any other sources

The letter must be signed by the Ohio University employee hosting the Exchange Visitor.



4. Financial information

EXPENSES: Please use the information below to calculate the Exchange Visitor's estimated expenses. The funding must be at least equal to the total estimated expenses.

Estimated expenses:

a. Living expenses for Exchange Visitor	\$3,412 per quarter
b. Health insurance for Exchange Visitor ¹	\$306 per quarter
c. Expenses for dependent spouse	\$1,000 per quarter
d. Health insurance for dependent spouse ¹	\$678 per quarter
e. Expenses for dependent child (per child)	\$500 per quarter
f. Health insurance for dependent child or children ¹	\$388 per quarter

Total estimated expenses: _____

FUNDING: Government funds made available for a specific research purposes and not for the support of an Exchange Visitor should be designated as Ohio University funds. These funds should be indicated on this form to be from the program sponsor.

During the period of appointment, financial support for the Exchange Visitor will be provided by the following (indicate as many as applicable, include amount):

- () The Program Sponsor (Ohio University) \$ _____
 - () U.S. Gov't Agency (ies)² \$ _____
 - () International Organization(s)² \$ _____
 - () Exchange Visitor's Government² \$ _____
 - () Bi-national Commission of Exchange²
Visitor's Government \$ _____
 - () All other organizations providing support² \$ _____
 - () Personal funds³ \$ _____
- TOTAL** \$ _____

¹ Required if not eligible for OU employee insurance

² Please attach documentation/letters from all government/agency/organization sponsors.

³ Please attach copies of the Exchange Visitor's financial documents.



5. Mailing information

ISFS will deliver the completed form and additional information to the sponsoring department. The sponsoring department is responsible for sending the DS2019 to the Exchange Visitor.

6. Responsibilities of Sponsoring Department

- a. Keep ISFS informed of any changes in the Exchange Visitor’s arrival date; **the Exchange Visitor may enter the US no more than 30 days prior to the start date and no more than 28 days after the start date**
- b. Send the DS2019 and supporting documents to the Exchange Visitor
- c. Assist the Exchange Visitor in reporting to ISFS within three business days of the Exchange Visitors’ arrival in the US and attending the new exchange visitor orientation at ISFS; **the Exchange Visitor must report to ISFS no more than 29 days after the start date**
- d. Assist the Exchange Visitor in complying with the Exchange Visitor Health Insurance Requirements. **THE SPONSORING DEPARTMENT SHOULD INFORM THE EXCHANGE VISITOR OF THESE REQUIREMENTS.**
- e. Request an extension of the Exchange Visitor’s DS2019 at least one month prior to the original program end date if the Exchange Visitor will be extending his/her program;
- f. Report the departure of the Exchange Visitor to ISFS within three business days of the Exchange Visitors’ departure from OU.

Failure to fulfill these responsibilities may lead to immigration problems. Departments that do not fulfill these responsibilities in a timely manner will be responsible for all fees associated with correcting any immigration problems that may arise as a result.

Name of OU Employee inviting Exchange Visitor Telephone number

Signature of OU Employee inviting Exchange Visitor Date

Name of Department Chair/Director Telephone number

Signature of Department Chair/Director Date



Attachment: Accompanying Dependents

Please provide the following information for each accompanying dependent (spouse or children under 21). Attach additional copies if needed.

First name:	Last Name:	Date of birth (dd MON yy):	Gender:
Relationship to visitor (spouse or child):	City and country of birth:	Country of citizenship:	Country of residence:

First name:	Last Name:	Date of birth (dd MON yy):	Gender:
Relationship to visitor (spouse or child):	City and country of birth:	Country of citizenship:	Country of residence:

First name:	Last Name:	Date of birth (dd MON yy):	Gender:
Relationship to visitor (spouse or child):	City and country of birth:	Country of citizenship:	Country of residence:

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Relationship to visitor (spouse or child):	City and country of birth:	Country of citizenship:	Country of residence:

