



**ST. JOHN'S
UNIVERSITY**

8000 UTOPIA PARKWAY
QUEENS, NY 11439

International Student and Scholar Services Office

St. Vincent Hall, Room B19 • Tel: 718-990-6083 • Fax: 718-990-2070 • E-mail: ISS@stjohns.edu

REQUEST FOR FORM DS-2019 (Certificate of Eligibility for Exchange Visitor Status)

This form should be completed by the visiting scholar in close collaboration with the St. John's University department sponsoring an international professor, research scholar, or specialist on a J-1 visa.

INSTRUCTIONS

Please keep this page for your reference.

- Please submit your request at least one month prior to the proposed appointment date (including extensions).
- Allow one to two weeks from your date of submission for processing.
- If you have difficulty completing the section regarding English language proficiency (section 3), please contact the International Student and Scholar Services Office (ISSSO) for assistance.
- Note that the stay of a J-1 exchange visitor coming to the United States as a Professor or Research Scholar is limited to five years, including previous continuous time spent at another institution under J-1 status. Also, please be aware that a J applicant may be affected by either the 12-month or 24-month bar or 212e.
- Applications for J-1 status appointed to a tenure or tenure-track position will not be accepted.
- A J-1 is permitted to enter the United States up to 30 days before the start date indicated on the DS-2019.
- Mail, fax, or e-mail this form to

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FORM CHECKLIST

Before you submit your request, have you

1. Included supporting financial documentation?
(A bank statement/letter no more than two months old is required. If submitting a letter from the bank or sponsoring agency, an amount must be written on the letter.)
2. Informed us of any prior stays in the United States?
3. Signed and dated the form?
4. Included proof of English language proficiency?
5. Included a copy of your passport?
6. Included a copy of dependents' passport(s)?
7. Received an invitation letter from your department at St. John's?



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APPLICATION FORM

SECTION 1: SCHOLAR INFORMATION

Please print your name as it appears on your passport.

1. NAME: _____
LAST FIRST MIDDLE

2. GENDER: MALE FEMALE

3. BIRTH DATE: _____
month/date/year

4. E-MAIL ADDRESS: _____

5. PHONE #: _____

6. BIRTHPLACE: _____
CITY COUNTRY

7. COUNTRY OF CITIZENSHIP: _____

8. COUNTRY OF LEGAL PERMANENT RESIDENCE: _____

9. POSITION IN HOME COUNTRY: _____

10. EMPLOYER: _____
NAME OF ORGANIZATION OR UNIVERSITY

11. IF ORGANIZATION, please check:

Government (Please indicate local, state, city, etc. Be as specific as possible.) _____
Private Sector

Have you ever been in J-1 or J-2 status in the United States? YES NO

If yes, what dates were you in the United States as J-1 or J-2? From _____ to _____

UNMARRIED MARRIED

12. DEPENDENT INFORMATION: The following immediate family members (check if appropriate)
will accompany visitor will join visitor after his/her arrival

Name (last/first) Relationship Birth Date City and Country of Birth and Citizenship

1. _____

2. _____

3. _____



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SECTION 2: ST. JOHN'S UNIVERSITY PROGRAM INFORMATION

1. PURPOSE OF REQUEST FOR DS-2019:

INITIAL visit

EXTENSION of visit

TRANSFER FROM ANOTHER J-1 program (Please complete information below):

Name of current program sponsor _____

Date of visitor's initial entry to United States _____

Expiration date of current DS-2019 _____

Will you travel outside the United States before you begin your program? **YES** **NO**

If transferring from another United States institution, attach photocopies of visa, Form I-94, and all DS-2019 forms used since initial entry.

2. PRIMARY CATEGORY/AREA OF RESPONSIBILITY OF VISITOR:

PROFESSOR (An individual primarily teaching, lecturing, observing, or consulting for an initial period not to exceed five years)

RESEARCH SCHOLAR (An individual primarily conducting research, observing, or consulting in connection with a research project for a research or educational institution for an initial period not to exceed five years)

SHORT-TERM SCHOLAR (A professor, research scholar, specialist, or a person with similar education or accomplishments on a short-term visit not to exceed six months for the purpose of lecturing, observing, consulting, training, or demonstrating special skills. Please note that this person will be unable to extend his/her stay beyond the six month maximum.)

SPECIALIST (An individual who is an expert in a field of specialized knowledge or skill observing, consulting, or demonstrating special skills for a period not to exceed one year)

Please note that the United States Information Agency does not authorize a category change unless the agency determines "exceptional circumstances" exist. Such a determination is difficult to obtain.

3. DESCRIPTION OF VISITOR'S RESEARCH, TEACHING, OBSERVING, CONSULTING, OR DEMONSTRATING (be as specific as possible):

4. PERIOD THE VISITOR IS TO BE SPONSORED BY ST. JOHN'S UNIVERSITY:

Start: _____ End: _____
month/date/year month/date/year



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SECTION 3: ENGLISH LANGUAGE PROFICIENCY

[22 CFR 62.11 (a) (2)] The Department of State requires that an exchange visitor possess sufficient proficiency in the English language, as determined by an objective measurement of English language proficiency, to participate successfully in his or her program and to function on a day-to-day basis.

J-1's English language proficiency was determined by

TOEFL score of at least 61 or IELTS score of at least 6. **YOU MUST SUBMIT SCORES TO ISSSO (not more than five years old).**

Signed documentation from an academic institution or English language school. Submit document.

A documented interview conducted by the sponsor either in person or by videoconferencing, or by telephone if videoconferencing is not a viable option.

(Documentation of such an interview should always be available in the inviting department's records and made available to the Department of State upon request.)

NOTE: *Scholars whose home country has English as its first official language will be exempt from the above.*

SECTION 4: FINANCIAL SUPPORT

Federal regulations require exchange visitors to prove sufficient financial support for the length of university sponsorship before issuance of the DS-2019. Regardless of the source(s) of support, funding for the visitor's living expenses must at a minimum equal \$25,476 annually or \$2,123 per month for a single adult in this region.

An additional minimum of \$26,040 annually (or \$2,170 per month) is required for an accompanying spouse and \$8,040 annually (or \$670 per month) required for each child. **Evidence of sufficient funding for the visitor and any dependents must be proven for the length of the sponsorship.**

Medical insurance costs for dependents: Spouse: \$2,204 per semester (\$4,407 per year)

Child: \$785 per semester (\$1,570 per year)

It is expected that funding for the visitor will come from an official source or sources and will be granted for the purpose of a bona fide educational exchange visit. If the visitor will be supported through non university sources, complete evidence of funding must accompany this request. Examples of evidence of funding might be

1. a letter from a home university stating that the visitor will be on sabbatical; the amount, in United States dollars, of salary he/she will receive during the period; and that the home university supports the visit to St. John's University for education exchange purposes;
2. a letter from a sponsoring agency on letterhead stationery outlining the amount and terms of a grant to the visitor; and
3. a letter from an agency of the visitor's government stating the amount and terms of a grant for an educational exchange visit.



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SECTION 5: SOURCE OF FUNDING

IMPORTANT:

- Please submit proof of any listed funding (e.g., scholarship letter, bank statement, paystubs, etc.)
- Please list amounts in United States dollars.

A. University Funds \$ _____

(Include here salaries paid from grant money (federal and nonfederal) awarded to St. John's University faculty member.)

B. United States Government Agency

Name: _____ \$ _____

(Complete only if funds are being paid specifically to the visitor by a United States Government agency)

C. The Exchange Visitor's Government \$ _____

D. Other organizations providing support \$ _____

E. Personal Funds \$ _____

TOTAL \$ _____

SECTION 6: SPONSORING DEPARTMENT AT ST. JOHN'S UNIVERSITY

THIS PART WILL NEED TO BE SIGNED BY ST. JOHN'S UNIVERSITY EMPLOYEES ONLY. DO NOT HAVE YOUR HOME COUNTRY UNIVERSITY COMPLETE THIS SECTION.

1. Sponsoring Faculty Member

NAME: _____ SIGNATURE: _____

TITLE: _____ DEPARTMENT: _____

PHONE/E-MAIL: _____ DATE: _____

2. Department Chair or Director Approval

NAME: _____ SIGNATURE: _____

TITLE: _____ DEPARTMENT: _____

PHONE/E-MAIL: _____ DATE: _____

3. Dean's Approval

NAME: _____ SIGNATURE: _____

TITLE: _____ DEPARTMENT: _____

PHONE/E-MAIL: _____ DATE: _____



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SECTION 7: PROCESSING OF DS-2019

Address AND phone number of location where you would like the DS-2019 mailed.
The postal service will not deliver to a PO Box.

Name: _____

Number/Street: _____

City: _____

State: _____

Postal Code: _____

Country: _____

Destination Telephone Number (include city code and country code): _____

SECTION 8: SIGNATURE

I certify that all of the information provided is correct, and I understand that it is my obligation to report any changes in my personal information and/or research activities to the University.

Scholar Signature: _____ Date: _____