



# DS-2019 Request Form

A REQUEST FORM MUST BE COMPLETED FOR EACH J-1 EXCHANGE VISITOR BEING INVITED

## J-1 Research Scholars, Short-Term Scholars and Visiting Professors

Please attach a copy of the letter inviting the international exchange visitor to join your department (this letter should include the date the scholar is expected on campus, the length of time that the scholar will stay, the duties the scholar will perform at CCNY, and the funding that will be provided). CITY COLLEGE FUNDING SHOULD COVER THE ENTIRE PERIOD OF STAY (if not, documentation of personal funds of the scholar/Professor or alternative support must be provided).

## J-1 Nondegree Students, Bachelor Students and Masters Students

Letters of invitation from the City College academic department are not required for students participating in CCNY exchange programs. **Note, all exchange students in the categories of nondegree, Bachelor and Masters must have full time enrollment (12 credits) during each Fall or Spring semester.**

## J-1 Student INTERN:

See additional requirements on separate page from International Student Advisor

Exchange Visitor's Name: Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

## Check One:

—This Request is for a **NEW** Exchange Visitor to receive Form DS-2019

—This Request is for the **TRANSFER** of a J-1 to City College

## 1. SPONSORING DEPARTMENT

FACULTY MEMBER MAKING REQUEST

NAME: \_\_\_\_\_ Department \_\_\_\_\_ OFFICE LOCATION: \_\_\_\_\_

Email Address: \_\_\_\_\_ TEL.#: \_\_\_\_\_

SIGNATURE OF DEPARTMENT CHAIR: \_\_\_\_\_

## 2. J-1 VISA CATEGORY Primary duties (Check One):

### Students

No CCNY course enrollment:

—Student INTERN

### Research & Teaching

—**Research** with possibility of teaching

Full-Time Course Enrollment:

—Non-Degree Student

—Non-Tenure Track **Teaching** with possibility of research

—Bachelor's Degree Student

—**Short-Term Researcher or Professor:** Choose this category if program is **six (6) months or LESS**

—Master's Degree Student

*Note: Program extensions for this category beyond 6 months are not permissible*

—Ph.D. Degree Student

### Researchers & PROFESSORS:

Provide a brief description of the duties the scholar or professor will be expected to perform while at CCNY: →

### STUDENTS:

Check below for the **student's level of study at his/her home institution:**

—undergraduate —Master's —Post-doctoral

—Other: \_\_\_\_\_

What is student's **academic major** at home institution? →

## 3. LENGTH OF PROGRAM

# FINANCIAL SUPPORT

State Source(s) of FINANCIAL SUPPORT for living expenses while at The City College  
And attach to this form necessary support documentation-evidence of funding.

**ALL SUPPORT DOCUMENTATION MUST BE IN ENGLISH AND WITH FUNDING IN US DOLLARS**

The most appropriate evidence of funding are dated government, employer or bank letters written by officials of those institutions on company letterhead—**bank statements are not acceptable**

Total estimated living expenses for all J-1 Exchange Visitors is  
**\$2,200 per month (\$26,400 annually)**

## 4. RESEARCH SCHOLARS, SHORT-TERM SCHOLARS & PROFESSORS and STUDENT INTERNS (no City College course enrollment)

—Yes —No City College funding will provide all or part of financial support

—Yes —No **A foreign institution or government will provide all or part of financial support**  
Attach (or send as email attachment) a letter (or other official proof) from the home institution indicating payment or stipend to exchange visitor that covers entire J program period.

—Yes —No **Exchange visitor will provide all or part of financial support from personal funds**  
Attach a letter in ENGLISH from your bank officer on bank stationery that indicates the account name-holder and account balance in U.S. dollars.

Monthly Support: \$ \_\_\_\_\_ Multiplied by Total Months \_\_\_\_\_ Equals Total Support\* \$ \_\_\_\_\_

Month/Day/Year

Month/Day/Year

DURATION OF VISIT- Beginning Date: \_\_\_/\_\_\_/\_\_\_

TO: End Date: \_\_\_/\_\_\_/\_\_\_

Please provide the mailing address for your DS-2019

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# BIOGRAPHIC INFORMATION

## 6. EXCHANGE VISITOR BIOGRAPHIC INFORMATION

FAMILY NAME:	FIRST NAME:	MIDDLE NAME:
<input type="checkbox"/> —Male <input type="checkbox"/> —Female	DATE OF BIRTH →	Month:      Day:      Year:
CITY OF BIRTH:	COUNTRY OF BIRTH:	COUNTRY OF LEGAL RESIDENCE:
COUNTRY OF CITIZENSHIP:	Email Address:	
Home educational institution information:		
<input type="checkbox"/> -University Researcher <input type="checkbox"/> -University Faculty, Professor or Teacher Check One: <input type="checkbox"/> -Bachelor [4-yr.]-Undergraduate <input type="checkbox"/> -Master's-Graduate Study <input type="checkbox"/> -Ph.D. Doctoral Student <input type="checkbox"/> -Post Ph.D.-With Doctoral Degree <input type="checkbox"/> -Other: _____		
*Major academic area of study, research or teaching in home educational institution: _____		

## 5. STUDENTS (Will have City College full-time course enrollment)

**Support for J-1 Exchange-Visitors in STUDENT Category: Nondegree, Bachelor's or Masters**  
**\*STUDENT INTERN category completes section 4 above.**

**Check one**

—**Summer or Winter break Nondegree, Bachelor & Masters semester students:**  
 Exchange students whose program begin and ends within the annual summer or winter vacation period

—**Fall & Spring Nondegree, Bachelor & Masters semester students:**  
 J-1 regulations mandate that students enroll and complete a full course of study for each semester-12 credits.

**Check all that apply and complete empty spaces associated with your selection(s).**

—Yes    —No    **CCNY FINANCIAL SUPPORT will be provided**  
 Other than tuition/fees indicate total amount of City College support? \$ \_\_\_\_\_

—Yes    —No    PERSONAL FUNDS from student will be provided: \$ \_\_\_\_\_ U.S. Dollars  
 Attach a letter in ENGLISH from your bank officer on bank stationary that indicates the account name-holder and account balance in U.S. dollars.

—Yes    —No    FOREIGN EDUCATIONAL INSTITUTION support will be provided:  
 Attach (or send as email attachment) a letter (or other official proof) from the home institution indicating payment or stipend to exchange student that covers J program period.

—Yes    —No    FOREIGN GOVERNMENT support will be provided:  
 Attach (or send as email attachment) a letter (or other official proof) from the home institution indicating payment or stipend to exchange student that covers J program period. This letter does not need to indicate an amount.

## 7. CERTIFICATION FOR PREVIOUS J STATUS

—YES    —NO    This exchange visitor has had a J immigration status at a US institution in the past 24 months

If the exchange visitor held a J immigration status at a US institution in the past 24 months, give dates, locations and their previous DS-2019 SEVIS number. **Please attach copies of all Form DS-2019 to this application.**

Institution of previous J status:	Month/Day/Year From    /    /    To:    /    /
City, State:	SEVIS ID Number (Top of Bar Code on DS-2019):

## 8. HEALTH INSURANCE

Federal regulations require ALL Exchange Visitors to have health insurance that will cover illness, medical evacuation and repatriation expenses. Will insurance be provided under a benefits package offered by CCNY, CUNY or the Research Foundation?

—YES    —NO

## 9. DEPENDENTS

—YES    —NO    Dependents will accompany the exchange visitor to the U.S.

If there are accompanying dependents (spouse and/or children) please complete page 4 of this form (titled: Family Dependent J-2 DS-2019 Request Form-Data Sheet) for spouse and for each child.

Attach or email the following to the international student advisor:

- Biographic information [page four (4)] of this DS-2019 Request Form
- Biographic page from dependent's passport
- Marriage certificate (with translation) for spouse
- Birth certificate (with translation) for each child.

## J-2 FAMILY DEPENDENT DS-2019 REQUEST FORM

Note—the following evidence of support is necessary for each dependent accompanying principle to the U.S.  
**In addition to necessary evidence of support for J-1 Principal**  
**Please demonstrate \$660 per month (\$7,920 annually) for first J-2 dependent**  
Second, and all other J-2 dependents: \$330/month (\$3960 annually)

### REQUEST TO BRING FAMILY AS J-2 DEPENDENT

**Name of J-1 Exchange Visitor:**

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

—YES —NO Will family members accompany the above-named J-1 Exchange-Visitor to the U.S.?

*Required items for spouse and each child that will join the Exchange Visitor in the U.S.*

—1. **This page must be completed for each family member** joining the exchange visitor in the U.S.

—2. Additional financial support in the amount of **\$660 per month\*** (\$7,920 annually) for program duration must be demonstrated for the first dependent family member. This monthly amount for the first dependent is calculated as 30% of J-1's annual living expenses by 12 months. Additional support for second and remaining dependents is \$330/month (\$3960 annually), 15% of the J-1s expenses or half the rate for the first dependent.

Example: For the first dependent, the Scholar must add \$660 (for first dependent) and \$330 (for second dependent) to the Scholar's monthly living expense of \$2200.00 AND multiply that sum by the number of months expected in the program. Therefore, if spouse and one child will accompany Scholar to the U.S. for a one-year program, the total amount of support for living expenses that must be demonstrated would be (\$2200+660+330 times 12months=) \$38,280.00 USD.

—3. **Biographic page from family member's passport**

—4. **Marriage certificate (with translation) for spouse**

—5. **Birth certificate (with translation) for each child.**

### 1. J-2 DEPENDENT EXCHANGE VISITOR BIOGRAPHIC INFORMATION

FAMILY NAME:	FIRST NAME:	MIDDLE NAME:
<input type="checkbox"/> —Male <input type="checkbox"/> —Female	DATE OF BIRTH → Month:	Day: Year:
CITY OF BIRTH:	COUNTRY OF BIRTH:	
COUNTRY OF CITIZENSHIP:	COUNTRY OF LEGAL RESIDENCE:	
Relationship to J-1 Exchange Visitor:	<input type="checkbox"/> -Spouse <input type="checkbox"/> -Child	

### 2. J-2 DEPENDENT HEALTH INSURANCE

Federal regulations require ALL Exchange Visitors to have health insurance that will cover illness, medical evacuation and repatriation expenses.

—YES —NO Will insurance be provided under a benefits package offered by CCNY, CUNY or the Research Foundation?

—YES —NO Will insurance be provided by the exchange visitor with personal funds?

If both of above options were answered NO, what arrangements have been identified to assist the exchange visitor in complying with J visa classification health insurance mandates? \_\_\_\_\_

**Upon U.S. arrival, exchange visitors must have a valid health insurance card or other proof of valid health insurance coverage for the duration of the exchange program. Unfortunately, willful failure to maintain the required insurance is a violation of J regulations and cause for program termination.**