



FOR INTERNAL ASU USE ONLY

APPLICATION FORM
For DS-2019 Certificate of Eligibility for Exchange Visitor J-1 Immigration Status

To: Dr. William G. Davey, Director, International Programs, Arizona State University, B-198 Tempe Center
 Campus Mail Code: 4311 Phone: 480-965-5965 Fax: 480-727-7459

This is a request for approval and issuance of form DS-2019 for the person(s) listed below to participate in the ASU Exchange Visitor Program (P-1-01599).

1. DEPARTMENT INFORMATION

Department:	ASU Mail Code:
Contact:	Email:
Contact Phone:	Fax:
Faculty Supervisor:	Supervisor Phone:

2. SIGNATURE AUTHORITY

Department Head:	Title:
Signature:	Date: Phone:

By my signature I confirm: (1) that our department screening of this proposed Exchange Visitor (EV) has established that the program described herein is suitable to his/her background, needs, and experience; and that he/she possesses sufficient proficiency in the English language to participate in his/her program. (2) that if this EV is to be paid from ASU funds or Grants, I have verified that funding, as noted in section 8 of this document, is available for the duration of the requested program period. (3) I further agree to ensure that the department activity in which the exchange visitor engages is consistent with the program category and activity described on this form.

3. EXCHANGE VISITOR (EV) INFORMATION

Name as it appears on passport

Family/Last Name(s)	First/Given Name(s)	Middle Name(s)
Country of Citizenship	Country of Permanent Residence	City of Birth Country of Birth
Date of Birth: Month/Day/Year	Sex:	Marital Status:
Occupation in Home Country	Home Institution / Employer	Home Institution / Employer Category
Highest Degree Held	Is Scholar Currently a Graduate Student	
Home Country Address		
Residence Street Address		
City	Country	Zip Code

4. PURPOSE OF DS-2019

<input type="checkbox"/>	Begin New Program (Initial Appointment) <i>Enclose copy of passport, CV, copy of funding documents</i>
<input type="checkbox"/>	Extend an ongoing program. <i>Enclose copy of current I-94 and visa, funding documents, Insurance documents</i>



DS-2019 APPLICATION FORM (continued)

4. PURPOSE OF DS-2019 CONTINUED

<input type="checkbox"/> Transfer of program. <i>Enclose copy of all DS-2019 forms, passport, visa, I-94.</i>	
Name of current (host) institution (for Transfer of program only)	
Name of current (host) institution contact (for Transfer of program only)	
Host institution contact email address (for Transfer of program only)	Host institution contact phone (for Transfer of program only)

5. PROGRAM

PROGRAM DATES (maximum period one year)	From	To
	month/day/year	month/day/year
Status at Arizona State University		
<input type="checkbox"/>	Research Scholar: <i>principal activity will be research; renewable up to 3 years</i>	
<input type="checkbox"/>	Professor: <i>principal activity will be teaching/lecturing; renewable up to 3 years</i>	
<input type="checkbox"/>	Short-term Scholar: <i>no minimum stay, maximum 6 months; non-renewable</i>	
<input type="checkbox"/>	Specialist: <i>Expert in a field of specialized knowledge. Principal activity demonstrating skill, observing, or consulting; maximum 1 year.</i>	
General Field of Study (e.g. Biology)	Specific Field (e.g. Microbiology)	
Description of program (A one or two sentence summary of specific activity at ASU).		

6. SITE OF ACTIVITY (There can be more than one site)

<input type="checkbox"/>	Sponsoring Department/Unit		
<input type="checkbox"/>	Other On-campus Location	Location Name	Mail Code
<input type="checkbox"/>	Off-campus location	Contact Name	Contact Phone
	Off-campus Institution Name		
	Off-campus Institution Address		

7. IMMIGRATION DATA (For New Programs and Transfers Only)

Does the (EV) have a current or past affiliation with ASU?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, ASU ID #
If Yes, enter dates of affiliation.	From	To	Immigration Status (visa type)
	From	To	Immigration Status (visa type)
Has the (EV) participated in a J-1 program within the past 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please enclose copies of all DS-2019 Forms from previous and/or current programs.
Is the (EV) currently in the U.S. in another visa status?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, what visa type?
If ever in "J" status, is the (EV) subject to the 2 year home residency requirement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If ever subject to the 2 year requirement, has the (EV) applied for a waiver of the requirement	<input type="checkbox"/> Yes	<input type="checkbox"/> No	



DS-2019 APPLICATION FORM (continued)

8. FUNDING (Minimum required funding is \$1,200 per month)

	If the (ES) will be paid by ASU, will he/she be on the ASU payroll?		
	If yes, attach a copy of the waiver of recruitment or vacancy notice with job number.		
	If paid by ASU, will the (ES) be eligible for ASU health insurance?		
	If paid by ASU, will any US Government funding be involved?		
	If yes, state the name of the agency providing funds		
	If yes, was the funding received specifically for the scholar?		
<input type="checkbox"/>	Arizona State University (total \$ to be paid during program period)		\$
<input type="checkbox"/>	US Government Agency (Name the Agency)		\$
<input type="checkbox"/>	International Organization (Name of Organization)		\$
<input type="checkbox"/>	Exchange Visitors Government		\$
<input type="checkbox"/>	Exchange Visitor Personal Funds		\$
<input type="checkbox"/>	Other; please explain in (Section 10. Notes – Comments – Explanations)		\$
	Total Funding		\$

9. (a) DEPENDENTS

Will (EV) bring family members?	If yes, number of family members
Will dependents travel separately?	If yes, date of travel
If dependents will accompany or follow, proceed to 9.(b) on next page to enter dependent information.	

10. NOTES – COMMENTS - EXPLANATIONS (please reference section No.)



DS-2019 APPLICATION FORM (continued)

9. (b) DEPENDENTS (Continued)

Completion required for legal spouse and/or children under 21 years of age who will be coming to the US in J-2 status. Minimum funding for 12 months is \$4200 for spouse and \$2400 per child. Enclose copy of photo & biographic data pages from passport for each dependent. **Do not list US citizen dependents.**

Name as it appears on passport			
Family/Last Name(s)	First/Given Name(s)	Middle Name(s)	
Country of citizenship	Country of Perm. Residence	Country of Birth	City of Birth
Date of Birth:		Relationship to Scholar:	

Name as it appears on passport			
Family/Last Name(s)	First/Given Name(s)	Middle Name(s)	
Country of citizenship	Country of Perm. Residence	Country of Birth	City of Birth
Date of Birth:		Relationship to Scholar:	

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