J-1 EXCHANGE VISITOR (DS-2019) REQUEST FORM

PROCESS FOR BRING FOREIGN EXCHANGE VISITOR TO COLORADO STATE UNIVERSITY

1. The visitor must fill out SECTION A of the DS2019 Request packet and provide all requested supporting documents. Once completed please forward the request packet to your sponsoring CSU department.

2. The Department Sponsor will complete SECTION B, sign the form, obtain the Department Head’s Signature and submit the requested documents. The Department should forward the completed DS2019 Request Packet to International Student and Scholar Services (ISSS) Campus Delivery 1024.

The following items must ACCOMPANY the signed Packet (INCOMPLETE PACKETS WILL NOT BE PROCESSED).

A. PROOF OF PAYMENT OF THE ADMINISTRATION FEE (SEE BELOW).
B. VISITOR’S PASSPORT IDENTITY PAGE (IF APPLICABLE, PASSPORT IDENTITY PAGES FOR DEPENDENTS).
C. DOCUMENTATION OF FUNDING
D. ASSESSMENT OF EXCHANGE VISITOR’S ENGLISH LANGUAGE PROFICIENCY (SEE PAGE 6 FOR DETAILS).
E. FOR TRANSFERS, COPY(IES) OF CURRENT DS2019 FOR J-1 AND DEPENDENTS

3. THE INVITING DEPARTMENT WILL NEED TO ASSIGN A CSU ID NUMBER FOR THE VISITOR BY ENTERING THEM INTO ORACLE (EMPLOYEE/ASSOCIATE). THE NAME MUST BE ENTERED AS IT APPEARS ON THE PASSPORT. THIS NUMBER MUST BE PROVIDED TO ISSS BEFORE A DS2019 DOCUMENT CAN BE PROCESSED.

TO ALLOW SUFFICIENT TIME FOR THE VISITOR TO PROCESS HIS/HER VISA INTERNATIONAL STUDENT AND SCHOLAR SERVICES (ISSS) MUST RECEIVE THE COMPLETED REQUEST PACKET A MINIMUM OF 8 WEEKS PRIOR TO THE PROGRAM START DATE.

PAYMENT OF THE ADMINISTRATIVE PROCESSING FEE IS REQUIRED FOR THE ISSUANCE OF ALL DS2019 DOCUMENTS

EXCHANGE VISITOR ADMINISTRATIVE FEE SCHEDULE:

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>FEE</th>
</tr>
</thead>
<tbody>
<tr>
<td>RESEARCH SCHOLAR/PROFESSOR/SPECIALIST</td>
<td>$90.00</td>
</tr>
<tr>
<td>SHORT TERM SCHOLAR CATEGORY</td>
<td>$45.00</td>
</tr>
<tr>
<td>SHORT TERM SCHOLAR CATEGORY FOR PERIOD OF 3 WEEKS OR LESS</td>
<td>$25.00</td>
</tr>
</tbody>
</table>

PAYMENT METHODS:

DEPARTMENTS: The Administrative fee may be paid by the hosting Department by Internal Order through the University Kuali System Attn: International Student and Scholar Services (PROVIDE COPY OF IO DOCUMENT WITH THE PACKET) or by CREDIT CARD (INCLUDE A COPY OF THE CREDIT CARD RECEIPT).

VISITORS: May pay by CREDIT CARD on our secure online payment system. (For “Department,” choose “Immigration Fees”, and for “Description,” write “Ds-2019”.)

In cases where the visitor is unable to pay the fee by credit card, the Department will need to provide payment and obtain reimbursement directly from the visitor.

4. The DS2019 will be sent to the visitor in his/her home country either by the department or directly from ISSS. Once the visitor receives the DS2019 form, he or she may schedule a visa appointment with the U.S. Consulate in his/her home country.
SECTION A:
PURPOSE OF THE DS201
☐ Begin New Program
☐ Transfer of J-1 to CSU from another U.S. Institution (attach a copy of current DS2019)

PERSONAL INFORMATION (exactly as listed on the Passport)

FAMILY NAME_______________________________________________________

FIRST NAME_________________________________________________________

MIDDLE NAME________________________________________________________

☐ MALE ☐ FEMALE DATE OF BIRTH ______________________________ MM/DD/YYYY

CITY OF BIRTH_______________________________________________________ COUNTRY OF BIRTH_______________________________________________________

COUNTRY OF CITIZENSHIP___________________________________________ COUNTRY OF PERMANENT RESIDENCE___________________________________________

EMAIL________________________________________________________________________

CSU SPONSOR INFORMATION

NAME OF YOUR COLORADO STATE UNIVERSITY HOST FACULTY SPONSOR_______________________________________________________

NAME OF THE DEPARTMENT WHERE YOUR WILL BE DOING RESEARCH/TEACHING_______________________________________________________

POSITION/OCCUPATION IN HOME COUNTRY

STUDENT: NAME OF UNIVERSITY_______________________________________________________

ALL VISITORS MUST HAVE THE EQUIVALENT OF A BACHELOR’S DEGREE TO QUALIFY FOR THE J-1 SCHOLAR/PROFESSOR/SPECIALIST CATEGORY

HIGHEST DEGREE LEVEL EARNED: ☐ BACHELOR ☐ MASTER ☐ DOCTORAL

IF EMPLOYEE, NAME OF EMPLOYER_______________________________________________________

IS YOUR EMPLOYER CONSIDERED: ☐ GOVERNMENT ☐ PUBLIC ☐ PRIVATE ☐ NON-PROFIT
PREVIOUS TIME IN J VISA STATUS

YOU MAY NOT ENTER THE U.S. IN EITHER THE PROFESSOR OR RESEARCH SCHOLAR CATEGORY TO BEGIN A NEW PROGRAM IF YOU WERE PHYSICALLY PRESENT IN ANY J STATUS (STUDENT, DEPENDENT, SCHOLAR) IN THE 12 MONTH PERIOD IMMEDIATELY PRECEDING THE START DATE OF THE NEW PROGRAM.


WERE YOU SUBJECT TO THE 2 YEAR HOME RESIDENCY REQUIREMENT?  ❑ NO  ❑ YES  IF YES, HAVE YOU APPLIED FOR A WAIVER OF THIS REQUIREMENT?  ❑ NO  ❑ YES  IF YES, HAS THE WAIVER BEEN GRANTED?  ❑ YES  ❑ NO

FINANCIAL SUPPORT INFORMATION:

BEFORE A DS2019 DOCUMENT CAN BE ISSUED, PROOF OF ADEQUATE FINANCIAL SUPPORT MUST BE PROVIDED WITH THIS APPLICATION.

<table>
<thead>
<tr>
<th>MINIMUM FUNDING REQUIREMENTS FOR J-1 EXCHANGE VISITORS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>ESTIMATED COSTS:</td>
</tr>
<tr>
<td>LIVING EXPENSES PER MONTH</td>
</tr>
<tr>
<td>Research Scholar/Professor/Short Term Scholar/Specialist</td>
</tr>
<tr>
<td>ADDITIONAL EXPENSES:</td>
</tr>
<tr>
<td>Spouse</td>
</tr>
<tr>
<td>Child</td>
</tr>
</tbody>
</table>

INDICATE THE SOURCE OF FUNDING BELOW. ALL DOCUMENTATION SHOULD BE DATED WITHIN THE LAST SIX MONTHS.

IF THESE DOCUMENTS ARE NOT IN ENGLISH, PLEASE PROVIDE A TRANSLATED COPY IN ENGLISH.

<table>
<thead>
<tr>
<th>FUNDING SOURCE</th>
<th>AMOUNT OF FUNDING FOR ENTIRE PERIOD OF THE J-1 PROGRAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>CSU Funding (attach a copy of the offer letter)</td>
<td>$____________________ USD</td>
</tr>
<tr>
<td>Exchange Visitor’s Government (attach documentation on official letterhead)</td>
<td>$____________________ USD</td>
</tr>
<tr>
<td>Other Organizations Organization letter must indicate the full amount being given to the visitor and include dates of sponsorship. (Attach documentation on official letterhead)</td>
<td>$____________________ USD</td>
</tr>
<tr>
<td>Personal Funds Personal Bank Statement *This may be a recent bank letter that states the balance in the account of the visitor. If the bank account belongs to someone else, the Bank statement along with a signed letter from the account holder must be included indicating s/he will pay for the scholar’s expenses during his/her stay here.</td>
<td>$____________________ USD</td>
</tr>
<tr>
<td>Sabbatical Leave Salary (Attach documentation on employer letterhead).</td>
<td>$____________________ USD</td>
</tr>
</tbody>
</table>
**DEPENDENT FAMILY MEMBERS INFORMATION**

Are you bringing any family members with you?  
[ ] Yes  [ ] No

If yes, please provide their information below and ATTACH COPIES OF THEIR PASSPORT ID PAGES. (If additional space is needed please reprint this page). Please provide funding documentation to cover the costs of all dependents.

<table>
<thead>
<tr>
<th>SPOUSE (Name as it appears on Passport)</th>
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</tr>
</thead>
<tbody>
<tr>
<td>FAMILY NAME</td>
<td></td>
<td></td>
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<tr>
<td>FIRST NAME</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MIDDLE NAME</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GENDER</td>
<td>DATE OF BIRTH (mm/dd/yyyy)</td>
<td></td>
</tr>
<tr>
<td>CITY OF BIRTH</td>
<td>COUNTRY OF BIRTH</td>
<td></td>
</tr>
<tr>
<td>COUNTRY OF CITIZENSHIP</td>
<td>COUNTRY OF PERMANENT RESIDENCE</td>
<td></td>
</tr>
<tr>
<td>E-MAIL</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CHILD (Name as it appears on Passport)</th>
</tr>
</thead>
<tbody>
<tr>
<td>FAMILY NAME</td>
</tr>
<tr>
<td>FIRST NAME</td>
</tr>
<tr>
<td>MIDDLE NAME</td>
</tr>
<tr>
<td>GENDER</td>
</tr>
<tr>
<td>CITY OF BIRTH</td>
</tr>
<tr>
<td>COUNTRY OF CITIZENSHIP</td>
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</tbody>
</table>

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</tr>
<tr>
<td>CITY OF BIRTH</td>
</tr>
<tr>
<td>COUNTRY OF CITIZENSHIP</td>
</tr>
</tbody>
</table>
SECTION B: Check which J category you are requesting for Exchange Visitor (one box only):

- RESEARCH SCHOLAR – primary activity: research. Maximum time allowed: **5 years**. (NOTE: Scholar will be subject to a 24 month bar to repeat participation in this category upon completion of their J program.)

- PROFESSOR – primary activity: teaching. Maximum time allowed: **5 years**. (NOTE: Scholar will be subject to a 24 month bar to repeat participation in this category upon completion of their J program.)

- SHORT TERM SCHOLAR – primary activity: lecture, consulting, attendance at seminar/conference/study tours. Maximum time allowed: **6 months**. No extensions.

- SPECIALIST – for experts in a specialized field to observe, consult, demonstrate special skills. Maximum time allowed: **1 year**. No extensions.

SCHOLAR NAME__________________________________________________________CSU ID #________________________

DATES OF INTENDED APPOINTMENT/STAY AT CSU (THIS PERIOD MUST MATCH ACTUAL INVITATION AND AVAILABLE FUNDING. DO NOT INCLUDE TRAVEL):

FROM ____________________ TO ____________________

MM/DD/YYYY MM/DD/YYYY

UNDER THE CURRENT IMMIGRATION REGULATIONS, SPONSORING DEPARTMENTS HAVE THE RESPONSIBILITY TO ENSURE THAT THE PROGRAM ACTIVITIES ARE SUITABLE FOR THE EXCHANGE VISITOR’S BACKGROUND, NEEDS AND EXPERIENCE.

Please provide a brief and concise description of proposed activities of the visitor’s position.

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

SITE OF ACTIVITY (SOA)- THE PHYSICAL LOCATION(S) WHERE THE EXCHANGE VISITOR WILL CONDUCT HIS/HER ACTIVITY. PLEASE LIST THE PHYSICAL ADDRESS OF ALL LOCATIONS. IF MORE THAN ONE SOA, LIST DATES WHEN THE EV WILL BE PRESENT AT EACH LOCATION (COLORADO STATE UNIVERSITY IS NOT SUFFICIENT PLEASE LIST THE DEPARTMENT ADDRESS).

1. Address:__________________________________________________________

   City_________________________State_________Zip Code_______________

   Dates________________________

2. Address:__________________________________________________________

   City_________________________State_________Zip Code_______________

   Dates________________________
The U.S. Department of State mandated that J-1 exchange visitors including short-term scholars, research scholars, professors, specialists, and student interns have sufficient English proficiency [22 CFR §62.10(a)(2)].

Sponsors must establish and utilize a method to screen and select prospective exchange visitors to ensure that they are eligible for program participation, and that:

1. The program is suitable to the exchange visitor’s background, needs, and experience; and,

2. The exchange visitor possesses sufficient English proficiency as determined by an objective proficiency measurement to successfully participate in his or her program and to function successfully on a day-to-day basis.

The host faculty must verify an applicant’s English language proficiency through a recognized English language test, by signed documentation from an academic institution or English language school, or through a documented interview conducted by the sponsor either in-person or by videoconferencing, or, if videoconferencing is not possible, by telephone.

If the host faculty member cannot firmly establish sufficient English proficiency, then it is not appropriate to request a DS-2019 for the J-1 exchange visitor, as s/he is not eligible for J-1 status.

To comply with this regulation, host faculty must submit documentation of a prospective J-1 scholar’s English proficiency as part of the DS-2019 request process. ISSS will not issue a DS-2019 without valid documentation.

The English Proficiency Requirement can be satisfied by submitting documentation of at least one of the following:

1. Documentation that the prospective J-1 exchange visitor is a Native English speaker from Australia, Belize, Botswana, Canada (except Quebec) Commonwealth Caribbean, Ghana, Great Britain, Ireland, New Zealand, Nigeria, Scotland, Singapore, South Africa, or Zimbabwe.

2. Copy of diploma from U.S. institution or foreign institution where instruction occurred in English.

3. Copy of official scores from one of the following English language tests taken within the last two years and meeting the stated minimum score noted below:

<table>
<thead>
<tr>
<th>Language Assessment</th>
<th>Minimum Score</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOEFL iBT/PB</td>
<td>79/550</td>
<td><a href="https://www.ets.org/toefl/ibt">https://www.ets.org/toefl/ibt</a></td>
</tr>
<tr>
<td>IELTS</td>
<td>6.5</td>
<td><a href="http://www.ielts.org/">http://www.ielts.org/</a></td>
</tr>
</tbody>
</table>

4. A signed letter from an academic institution or English language school that is internationally recognized indicating prospective exchange visitor’s level of English proficiency. The letter must be dated within the last two years, state the dates when the potential scholar attended the institution or school, and affirm that the prospective exchange visitor achieved at least intermediate level skills.

5. J-1 English Proficiency Interview Assessment Report (see template on next page) from an interview conducted in English by host faculty member with the prospective exchange visitor. The interview can be conducted in person, via Skype or other videoconferencing method, or if videoconferencing is not available, telephone. The host faculty conducting the interview must be proficient in English.

The interview should be assessed according to the TOEFL Independent Speak Rubric Scoring Standards: https://www.ets.org/s/toefl/pdf/toefl_speaking_rubrics.pdf
Prospective Scholar: ___________________________ Country of Citizenship: ___________________________

Host Faculty Name: ___________________________ Department: ___________________________

Date of Interview: ___________________________

Interview Method: □ In Person □ By videoconferencing □ By Telephone

Interviewer must provide a score from the TOEFL Independent Speaking Rubric (Scoring Standards), which can be found here: https://www.ets.org/s/toefl/pdf/toefl_speaking_rubrics.pdf (A score of 3 or higher is required).

<table>
<thead>
<tr>
<th>Question</th>
<th>Score</th>
<th>Assessment Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Why have you chosen Colorado State University to pursue your exchange visit?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How do you think that the time you spend at Colorado State University will benefit you personally and professionally?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>What do you think will be the most challenging aspect of living and working in the U.S.?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>What interests do you have outside of work?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please enter additional information or comments used to gauge whether the prospective scholar will be able to function on a day to day basis in the U.S. and this specific J program.

Host Faculty’s Overall Assessment

Host Faculty Member’s Signature: ____________________________________________
MAILING INSTRUCTIONS:
THE DEPARTMENT WILL MAIL THE DS-2019 DIRECTLY TO VISITOR.

- CAMPUS MAIL — CAMPUS DELIVERY ADDRESS ________________________________
- PICK UP — EMAIL TO SEND NOTICE _______________________________________

ISSS WILL DIRECTLY MAIL DS-2109 TO VISITOR. PLEASE PROVIDE AN ADDRESS AND PHONE NUMBER FOR THE EXCHANGE VISITOR.

NAME AND ADDRESS: _______________________________________________________
__________________________________________________________________________
__________________________________________________________________________
TELEPHONE #: ____________________________________________________________

PLEASE CHOOSE ONE OF THE FOLLOWING METHODS OF SHIPMENT:

- U.P.S. Express — variable rates, 5-7 day delivery, tracking available  CSU account number for charges _______________________
- Visitor will pay for mailing — s/he will be contacted by ISSS with instructions.

The following items must ACCOMPANY the signed Packet (INCOMPLETE PACKETS WILL NOT BE PROCESSED).

- CSU ID NUMBER
- PROOF OF PAYMENT OF THE ADMINISTRATION FEE.
- VISITOR’S PASSPORT IDENTITY PAGE (IF APPLICABLE, PASSPORT IDENTITY PAGES FOR DEPENDENTS).
- DOCUMENTATION OF FUNDING
- ASSESSMENT OF EXCHANGE VISITOR’S ENGLISH LANGUAGE PROFICIENCY.
- FOR TRANSFERS, COPY (IES) OF CURRENT DS2019 FOR J-1 AND DEPENDENTS

CSU HOSTING DEPARTMENT: In requesting a DS-2019 and agreeing to host a J-1 Exchange Visitor, the department and faculty sponsor assume responsibility for ensuring that:

- The department will provide the J-1 visitor with office space, cultural programming, and support for the duration of the CSU J-1 program;
- The proposed J-1 program is not for a tenure-track or tenured faculty appointment;
- The J-1 visitor has sufficient English proficiency to participate fully in the proposed J program and function on a day-to-day basis;
- The J-1 visitor has at least a bachelor’s degree (or equivalent) and the experience required to fulfill the objectives of the proposed J-1 program;
- The department will not send copies of the DS-2019 by fax, email, or mail and will make every effort to ensure no copies of the DS-2019 are made available to any entities including the J-1 visitor (Exceptions: department file copy, Dept. of State, and Dept. of Homeland Security)
- The Department will consult with Export Control (Scot.Allen@colostate.edu) regarding eligibility of visitor to participate in identified research/activity.

We attest that the department has verified the J-1 visitor’s credentials, English proficiency, and financial support. We will uphold the J-1 regulations, assume responsibility for the J-1 visitor for the duration of the J-1 program, and certify that the information provided on this form is true and accurate.

Name of Hosting Supervisor _______________________________________________________

Department____________________________________________________________________

Email ___________________________ Phone ___________________________

Supervisor Signature ___________________ Date __________________________

Department Head Signature ___________________ Date __________________________

Print Name__________________________________________