

CHECK LIST FOR VISITING INTERNATIONAL J-1 SCHOLAR APPLICATION

- Request Form (completed & signed)
- Agreement to Purchase and Maintain Health Insurance (Signed by Scholar, fax copy okay)
- Copy of Scholar's Resume
- Certification of English Language Proficiency
- Copies of Proof of Finances (Scholarship letter, bank statements and/or similar)
- Copy of passport "picture" page (Scholar and Dependents)
- Copy of "Appointment Letter" or similar document, which outlines the terms and conditions of the program (for ex. Work hours, wages, other compensation, benefits, deductions, restrictions of the program.)

<input type="checkbox"/> Proof of Insurance (Receipt from Relation insurance or signed <i>Agreement to Purchase</i>)

IF THE SCHOLAR IS ALREADY IN THE U.S., PLEASE ALSO SUBMIT THE FOLLOWING:

- Copies of immigration documents (if scholar is already in the U.S.)

Instructions for Request for Certificate of Eligibility, Form DS-2019 for Exchange Visitor (J-1 Visa)

- I. **Purpose of this Form:** Departments (NOT scholars) complete this application to request a DS-2019 for an international scholar who will conduct research, teach, lecture, consult or participate in seminars or colloquia at SF State. Form DS-2019 is a U.S. government document which OIP issues for non-U.S. citizens/non-permanent resident visiting scholars. Prospective scholars need Form DS-2019 to obtain a J-1 visa from a U.S. embassy/consulate abroad and to obtain the J-1 immigration status either at the port-of-entry to the United States, or to request extensions of stay, J-1 program transfers or changes to J-1 immigration status.
- II. **Who May File this Request:** The requesting department (NOT scholar) completes and submits this form. The form must be TYPED. Incomplete or incorrectly completed request forms will result in delays; the form will be returned to the department for completion or correction.
- III. **When and Where to File This Request: New request, J-1 transfers, and changes of immigration status** – Send this application form, and any additional required documents to OIP **at least two months** before the scholar's departure from his/her home country or desired effective date of J-1 program transfer or change of immigration status to J-1. OIP processes requests on a first come, first served basis and processing time can take up to 30 days. The DS-2019 will be returned to the host professor or designated departmental contact person. OIP does not mail the DS-2019 directly to the scholar. **Departments must advising scholars hoping to leave their home country less than two months from the date OIP receives this form that OIP is not responsible for, and may not be able to accommodate their proposed travel plans.**
- IV. **Additional Documentation Required:**
 1. Department Chair and Dean's Approval: The appropriate Dept. Chair and Dean must approve the professor's request to host visiting international scholars.
 2. Agreement to Purchase and Maintain Health Insurance (Signed by the scholar, fax copy okay).
 3. Copy of Scholar's Resume
 4. Proof of English Language Proficiency - See attached form (The exchange visitor must have prove that he or she possess sufficient proficiency in the English language to successfully participate in his or her program and to function on a day-to-day basis.)
 5. Proof of Finances (scholarship letter, bank statements and/or similar)
 - a. Personal Funds: If a scholar's funding includes personal funds, departments must attach documentation (e.g. copy of bank statement indicating that the scholar will have at least the minimum funding required for the period of the appointment (See the minimum funding listed under *Source of Financial Support* on application.)
 - b. Copy of "Appointment Letter" – especially if the scholar will be paid by SFSU.
 6. Copy of Proof of Insurance (receipt from Relation insurance, or signed promissory note to purchase the insurance before the program start date)

If the scholar is already in the U.S., please also submit the following:

1. Copies of immigration documents: If the scholar is currently in the United States, before the DS-2019 can be processed, OIP requires the following:
 - A copy of the scholar's current DS-2019 form (or I-20)
 - Copies of all previous DS-2019 forms (if any)
 - A copy of the scholar's J-1 visa stamp (in passport)
 - A copy of the scholar's EAD card (if the scholar has one)

V. The Following Items Require Particular Attention:

1. **The Scholar's Name:** The order **MUST** be family name first, followed by given names as noted on the form. The names should be written as they appear on the identification documents (passport, etc.) the scholar will present to the U.S. embassy/consulate to obtain the visa.
2. **Dates:** Dates must be in the format: MM/DD/YYYY. For example: January 12, 2005 should be written 01/12/2005.
3. **Birthdate:** The scholar's full birthdate (including year) is required.
4. **City and Country of Birth:** This information is required for scholars and all dependents.
5. **SFSU Appointment Date:** The department must enter the anticipated start *day*. If this day changes the department must inform OIP immediately, so this information can be changed in the SEVIS database.
6. **General Information:** All the information in this section must be completed before the DS-2019 will be issued. Requests must include a brief description of the purpose of the scholar's visit (including the subject field) and the contribution that the scholar will make to SFSU.
7. **Financial Support:** Funding listed must be in U.S. dollars and must be the **TOTAL** amount for the length of appointment listed on the form, not the amount per month or per year. Scholars and their dependents (see definition below) must have the minimum funding listed under **Source of Financial Support**. Each source of funding must be listed separately. Where required, the exact source of funding must be specified.
8. **Dependent Information:** Family members eligible to enter the United States as J-2 dependents of J-1 scholars are the legal spouse and children under the age of 21 years. Dependent information on the request form must include **FULL NAME** (with family name first) complete birthday (MM/DD/YYYY), country of citizenship and city and country of birth.

OFFICE OF INTERNATIONAL PROGRAMS
(415) 338-1293

1600 HOLLOWAY AVE, VCS-C
SAN FRANCISCO, CALIFORNIA 94132

REQUEST FOR CERTIFICATE OF ELIGIBILITY (FORM DS-2019) FOR EXCHANGE VISITOR (J-1) VISA

REFER TO THE INSTRUCTIONS BEFORE COMPLETING THIS FORM. FORM MUST BE TYPED. Submit request and accompanying documents to OIP **at least two months** before the scholar's departure from home country, or the end of current stay.

I. GENERAL INFORMATION

• This request is for a New J-1 Extension J-1 J-1 Program Transfer Change of Status to J-1

Name _____ Date of Birth ____/____/____ Sex (M/F) _____
(FAMILY NAME) (Given Names) mm dd yyyy

City of Birth _____ Country of Birth _____

Country of Citizenship _____ Country of Legal Permanent Residence _____

Position in Home Country _____ Employer _____

Highest Degree Earned _____ Institution _____

Scholar's SFSU Payroll title (if paid by SFSU) or Scholar's title as approved by the Dean _____

• **BRIEFLY DESCRIBE PURPOSE OF SCHOLAR'S VISIT TO THE UNITED STATES, INCLUDING SUBJECT FIELD:**

• **BRIEFLY DESCRIBE WHAT THE SCHOLAR WILL CONTRIBUTE TO SFSU :**
(for example can the scholar give a special lecture?)

II. SFSU APPOINTMENT DATES (for EXTENSIONS enter the begin date as the day after the current DS-2019 form expires)

Begin Date ____/____/____ End Date ____/____/____
mm dd yyyy mm dd yyyy

III. SFSU INFORMATION

SFSU Host Faculty Member _____ Phone _____ Email _____
Host Department/Division at SFSU _____

Name of SFSU Contact Person for Document Pickup (if other than Host Faculty) _____

Contact's Phone _____ Contact's E-mail Address _____

IV. STATUS INFORMATION

Is scholar in the United States? (Y/N) _____.

a. If YES, complete this section. Attach copies of (1) visa stamp, (2) DS-2019 and all previous DS-2019's pertaining to present stay.

Local Address _____ City _____

State _____ Zip Code _____ Local Phone _____ Campus Phone _____

•Visa status (on stamp in passport) _____

•Visa Expiration Date ____/____/____

•Immigration Status (on I-94 card) _____

•I-94 Expiration date ____/____/____ or D/S _____

•Passport Expiration Date ____/____/____

•Date entered the United States ____/____/____

If scholar is currently in the United States, will he/she leave and re-enter the United States any time in the next 30 days? (Y/N) _____

If YES, what are the dates of travel? _____ Destination _____ Will family members travel with the scholar? (Y/N) _____ Will family members travel separately? (Y/N) _____

b. If scholar is NOT yet in the United States, complete this section.

Has scholar been at SFSU, or any other U.S. institution, within the past three years? (Y/N) _____

If YES, give dates: _____

Will the scholar enter the United States before the beginning of his/her SFSU appointment? (Y/N) _____

Will scholar visit another U.S. institution immediately prior to coming to or after leaving SFSU? (Y/N) _____

If you answer YES to either of these two question give the date(s) and, if applicable, location(s) of the visit(s):

V. DEPENDENTS' INFORMATION

List any dependents (legal spouse and/or children under 21 year of age only) who will be accompanying the scholar or joining the scholar in the U.S. at a later date. Dependents' full names are required. **Please provide copies of dependents' passports.**

Name (FAMILY, given)	Relation to scholar (ex. Spouse, child)	Gender (M/F)	Birthdate (mm/dd/yyyy)	<u>CITY</u> and Country of Birth	Country of Citizenship	Country of Permanent Residence	Passport Expires (mm/dd/yyyy)
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Please attach a copy of the passport “picture” page for all dependents.

VI. SOURCE OF FINANCIAL SUPPORT

Scholars must demonstrate at least **\$2,000/month**, plus **\$600/month** for spouse and **\$500/month** for each child. (Note: Scholars should remember to budget for insurance expenses. Insurance must be purchased before or at the beginning of the program for the entire length of stay, and for all dependents.)

List total amount of funding available for the length of the appointment at SFSU:

- A. SFSU Salary US \$ _____ for length of appointment
- Grant to SFSU (including government grants) US \$ _____ for length of appointment
(specify) _____
- SFSU Honorarium, Per Diem, Endowment Funds, etc. US \$ _____ for length of appointment

If funding will be provided by a grant to SFSU from a U.S.-Government source, is the grant specifically for the purpose of promoting cultural or skills exchange between nations? (Y/N): _____

- B. US Gov't Agency (specify) _____ US \$ _____ for length of appointment
(Do not include U.S.-Government grants to SFSU)
- C. International Organization (specify) _____ US \$ _____ for length of appointment
- D. Scholar's Home Government (specify) _____ US \$ _____ for length of appointment
- E. Binational Commission (specify) _____ US \$ _____ for length of appointment
- F. Other (specify) _____ US \$ _____ for length of appointment
- G. Personal Funds (**MUST attach proof of funds; include exchange rate if in foreign currency**) US \$ _____ for length of appointment

Enter date to which funding for the scholar's appointment is guaranteed _____

MANDATORY DECLARATION OF REQUESTING DEPARTMENT

Please note: This list has been updated to reflect the new Code of Federal Regulations 22 CFR 62.10 (a) (2) regulations.

In compliance with the federal regulations governing the (J-1) Exchange Visitor Program, we certify that all of the information given in the accompanying request form is true and accurate. We further certify the following:

- 1) we have verified that the international scholar possesses the financial support listed on the attached application, that these resources are adequate to complete his/her program and to support any accompanying dependents (scholars must have at least \$2,000/month, plus \$600/month for spouse and \$500/month per child);
- 2) we have determined that the international scholar's program of research/teaching is consistent with his/her professional background and experience; and
- 3) **we have documented that the international scholar possesses sufficient proficiency in the English language to participate in his/her exchange visitor program and to function on a day-to-day basis and have filled out the attached Certification of English Language Proficiency.**

In further compliance with the federal regulations governing the (J-1) Exchange Visitor Program, as University sponsor of the above mentioned named international scholar, we agree we will:

- 1) notify the International Scholar Officer at OIP , in advance, in writing of any arrival date changes
- 2) insure that the scholar **makes an appointment** to see the International Scholar Officer at OIP within 7 days of arrival to the U.S. (or if already in U.S. the SF State campus);
- 3) insure that the activity in which the international scholar is engaged is consistent with the objective listed on his/her Form DS-2019; off campus work is generally not permitted and then only with prior written approval from the International Scholar Officer at OIP;
- 4) notify the International Scholar Officer at OIP, in writing, of any changes in the terms and conditions of this international scholar's exchange program, including employment, or payment not listed on the scholar's DS-2019 Form;
- 5) monitor the progress and welfare of the international scholar, including insuring that he/she obtains sufficient advice and assistance to facilitate the successful completion of his/her exchange visitor program;
- 6) **provide or make available the following U.S./ cross-cultural activities to the scholar and dependents. Please list in space provided below:**
- 7) **notify the International Scholar Officer at OIP immediately of any serious problem or controversy;**
- 8) insure that a health insurance policy meets SFSU, CSU and federal guidelines which covers the international scholar and any accompanying dependents for illness and accidents **is continuously in effect** for the period of the scholar's J-1 Program;
- 9) notify the International Scholar Officer at OIP, in writing, when the international scholar has completed or withdrawn from his/her program prior to the ending date on his/her Form DS-2019;
- 10) complete the extension application and return to the International Scholar Officer at OIP at least 30 days before the end date of the scholar's program.

Name of Host Professor _____ **Signature** _____ **Date** _____

Approved by Chairperson: Name: _____ **Signature** _____ **Date** _____

Approved by Dean: Name _____ **Signature** _____ **Date** _____

Certification of English Language Proficiency

To be completed by the hosting department. Attach this form with the appropriate supporting documentation.

Scholar's Name: _____

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

For example, scholars should be able to have a conversation in English with OIP staff about their J-1 program and visa requirements.

Choose One:	Indicate how the Department has certified English proficiency for the prospective exchange visitor.	
<input type="checkbox"/>	<p>1. Certification by a language test recognized by SFSU's graduate admissions office</p>	<p>➤ A copy of the test score is provided</p> <ul style="list-style-type: none"> • The test must have been taken within the past 5 years • IELTS overall band score of 7.0 or higher • TOEFL test score must be 550 (paper based), 213 (computer based) or 80 (internet based iBT)
<input type="checkbox"/>	<p>2. Certification by the Sponsoring Professor (<u>signature required in right column</u>)</p>	<p>➤ Faculty Host Name: _____</p> <p>➤ Date of Interview: _____</p> <p>➤ Duration of Interview:</p> <p style="padding-left: 20px;"><input type="checkbox"/> 30 min <input type="checkbox"/> 45 min <input type="checkbox"/> 1 hour or more</p> <p>➤ The interview was conducted:</p> <p style="padding-left: 20px;"><input type="checkbox"/> In person <input type="checkbox"/> By videoconference</p> <p style="padding-left: 20px;"><input type="checkbox"/> By phone (<i>only</i> if other options not viable)</p> <p>Per U.S. Code of Federal Regulations 22 CFR 62.10 (a) (2), I declare under penalty of perjury that I have interviewed the prospective exchange visitor, and I have verified that the scholar's English language proficiency is sufficient to successfully function daily within their SFSU position and within the local U.S. community.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Faculty Host Signature Date</p>
<input type="checkbox"/>	<p>3. Scholar is a native speaker or has a degree from an English language university</p>	<p>➤ Attach copy of diploma/transcript, or letter of support (template below)</p>

Template for #3: Certification of English language proficiency by an English language school or academic institution where English is the primary language of instruction

[Print on Institutional Letterhead]

**Certification of English Language Proficiency
by an English Language School or Academic Institution**

DATE (MM/DD/YY)

Dear Office of International Programs:

I verify that (NAME OF SCHOLAR) has attended (NAME OF INSTITUTION), where the primary language of instruction is English. (NAME OF SCHOLAR) possesses sufficient proficiency in the English language to successfully participate in their San Francisco State University academic appointment and to function on a day-to-day basis in the United States.

NAME OF SCHOOL OFFICIAL (ABROAD): _____

TITLE: _____

SIGNATURE: _____

INSURANCE REQUIREMENTS

All international students and scholars **and their accompanying dependents** must maintain insurance coverage during for the duration of the J exchange visitor program.

All J-1 international scholars and their dependents will be required to purchase and maintain health insurance that meets U.S. State Department and San Francisco State requirements and provides the following benefits **FOR THE ENTIRE PERIOD OF YOUR J-1 EXCHANGE VISITOR PROGRAM:**

FAILURE TO MAINTAIN SUCH HEALTH INSURANCE FOR YOU (AND YOUR DEPENDENT'S) DURING THE DURATION OF YOUR J-1 EXCHANGE VISITOR PROGRAM WILL BE CONSIDERED A VIOLATION OF J-1 (J-2) STATUS AND WILL LEAD TO TERMINATION OF YOUR EXCHANGE VISITOR PROGRAM.

SF State has partnered with Relations Insurance to provide a comprehensive, Affordable Care Act (ACA) – compliant health insurance plan for international visiting scholars and their dependents. This plan is the only plan that can be accepted.

Scholars may purchase this policy at the Relations Insurance website www.4studenthealth.com – scroll to “San Francisco State University” and choose “International Scholars Insurance Plan” for the appropriate year of the start date of your program. The health insurance coverage can be purchased annually or monthly, depending on the duration of your program.

NOTE FOR SPONSORING DEPARTMENTS AND SCHOLARS: Visiting scholars and their dependents do not need to purchase the health insurance at the time of the submission of the Visiting Scholar Request Form. For the purposes of the Request Form, scholars need only sign the below Section IV: Agreement to Purchase and Maintain Health Insurance in the United States.

To complete the requirements for your participation in our Exchange Visitor program, you must sign the attached sheet “Agreement to Purchase and Maintain Health Insurance in the United States” and return it to the Office of International Programs along with the Visiting Scholar Request Form. The DS-2019 form, necessary for your J-1 visa, cannot be issued by SF State until receipt of this form.

**IV) AGREEMENT TO PURCHASE AND MAINTAIN
HEALTH INSURANCE IN THE UNITED STATES**

I have read and understood the insurance requirements. I understand that my dependents and I must have appropriate insurance. I agree to purchase and maintain health insurance that meets the U.S. State Department conditions and SF State policy for myself and for any dependents with me in the United States for the full length of my stay in J-1 Exchange Visitor status. I understand that failure to do so is a violation of J-1 status and would lead to termination of my exchange program and end my right to stay in the United States.

PLEASE PRINT:

Name: _____
(family/last name) (first/given name)

Country of Citizenship: _____

Department, Institute or Lab being visited at SFSU: _____

Signature: _____ Date: _____

Please return this form (signed) to your faculty sponsor.