



Phone Number

### Form DS-2019 Certificate of Eligibility for Exchange Visitor (J-1) Checklist and Certification

Please return this original signed certification along with the original documents listed below to the:

International Student and Scholar Office (ISSO) Exchange Visitor (J-1) Application 1100 Seaton Hall - #201 CC – 0639

Please submit all documentation together in one	e package:	
	r Exchange Visitor (J-1) Exchange V r Exchange Visitor (J-1) Host Depar r Exchange Visitor (J-1) Dependent Form (signed)	isitor Request Form tment Request Form Information Form (if applicable) TOEFL, IELTS, TOEIC)
Financial institution letter		
Sponsor statement		
Other		
Copy of the passport information page f	or Exchange Visitor and any depen	dents
Copy of the Exchange Visitor's resume or	CV	
I certify that I have reviewed the complete Excha	nge Visitor (J-1) Request for DS-20:	19 application packet, the supporting
documentation and the Exchange Visitor Supplementation	nental Information Sheet and that	the exchange visitor has met the
exchange visitor guidelines and that all information	on in the application packet is true	:
Printed Name of Requesting Faculty Member	Signature	Date
Printed Name of Department Chair/Head	Signature	Date
Contact person:		
For questions regarding this request who should	be contacted:	
Name	Campus Address	

E-mail



# Form DS-2019 Certificate of Eligibility for Exchange Visitor (J-1) Host Department Form (To be completed by the hosting department at UNL)

1.	Exchange Visitor Name:			
	F	amily Name	First Name	
2.	Printed Name, Phone Number a	nd Campus Address of Reques	sting Faculty Member:	
3.	In which academic field will the	visiting scholar be teaching or	conducting research?	
4.	Will the visiting scholar be prima Conducting research Other (Please expla		Conducting research and <sup>-</sup>	_
5.	Description of proposed researc courses in Italian, conduct three	=	.: (Examples: conduct research in atom serve university administration.)	ic physics, teach
6.	What are the planned dates of v	isit at UNL:	to	
7.	Is there a possibility that the sch	olar will extend his or her stay	y at UNL beyond the dates given above?	YesNo
8.	Proposed job title at UNL (the J-	1 visa may not be used for ten	nured or tenure-track positions):	
9.	. English Language Proficiency: The English Language Proficiency Form must be completed and returned with this fo along with the supporting documentation.			ed with this form
10.	=		for the visiting scholar and dependents lar is not sufficient documentation.	and provide Amount:
	Scholar's government: P Sponsoring Organization: I Personal Funds: P	Provide funding documentation	n from the governmental source on from the sponsoring organization h a signature from a financial institutior	
11.	UNL will not pay the visiting UNL will pay the visiting sch	s scholar with U.S. governmen olar with U.S. government fur	ked (even if UNL is not paying the schola t funds obtained specifically for international nds obtained specifically for international rds, contracts or correspondence.	tional exchange



## Form DS-2019 Certificate of Eligibility for Exchange Visitor (J-1) Exchange Visitor Form

(This form should be completed by the exchange visitor and returned to the hosting department)

Name:				
	Family/Last Name		Given/First Name (incl	uding middle name)
Gender:	Female	Male	Date of Birth:	
				Month/Day/Year
Where was	s your place of birth?			
		City	Count	ry
What is yo	ur country of citizenship?			
What is yo	ur country of legal perma	nent residency?		
What is vo	ur current emplovment ir	your country of perm	anent residency?	
,			,	
Highest De	gree Received: PhD_	MastersBachelo	orsCurrently in a mast	ter's or PhD program
What is yo	ur address in your countr	y of legal permanent re	esidency?	
What is yo	ur e-mail address?			
Fmergency	contact name inhone nu	mher and e-mail:		
Linergency	reditact name, phone na	mider and e main.		
Have you vis	sited the United States befo	re? If so, please list date	s and immigration classifica	ition from previous visits:
Are you cu	rrently in the United State	es? If so, where and in	what immigration classi	fication?
,	onica state		gradion dassi	
	Gender: Where was What is yo What is yo Highest De What is yo What is yo Emergency	Family/Last Name  Gender: Female  Where was your place of birth?  What is your country of citizenship?  What is your country of legal perma  What is your current employment in  Highest Degree Received: PhD  What is your address in your country  What is your e-mail address?  Emergency contact name, phone nutrition.  Have you visited the United States before	Family/Last Name  Gender: Female Male  Where was your place of birth? City  What is your country of citizenship? What is your country of legal permanent residency? What is your current employment in your country of perm Highest Degree Received: PhD Masters Bachelo What is your address in your country of legal permanent residency what is your address in your country of legal permanent residency. What is your address in your country of legal permanent residency contact name, phone number and e-mail:  Have you visited the United States before? If so, please list date	Family/Last Name  Given/First Name (incl  Gender: Female Male Date of Birth:  Where was your place of birth? City Counts  What is your country of citizenship?  What is your country of legal permanent residency?  What is your current employment in your country of permanent residency?  Highest Degree Received: PhD Masters Bachelors Currently in a mast What is your address in your country of legal permanent residency?  What is your e-mail address?





Department Chair/Head or Director Signature

# J-1 Exchange Visitor (Scholar) English Proficiency Form

Last/Family Name  ge Proficiency Measure  are of English language proficiency is required  F or IELTS test results (attach copy of test state)  mame:  :	score)Date of testing:	Middle Name  and attach documentation.
F or IELTS test results (attach copy of test shame:	score)Date of testing:	
F or IELTS test results (attach copy of test state)  mame:  ma from English-speaking country (attach	score)Date of testing:	
name:	Date of testing:	
:	Date of testing:	
	copy of diploma)	
	copy of diplottical	
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<u> </u>		
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of individual(s) conducting interview:		
od of interview: In person Recorded I	nterview	
ar Previously in the United States in the J-1	status	
of previous J-1 program:		
() ()	of official signing diploma:	e of official signing diploma:  Immented interview conducted by sponsor (Attach VIDEO recording. We must sof interview:  e of individual(s) conducting interview:  od of interview: In person Recorded Interview  lar Previously in the United States in the J-1 status  of previous J-1 program:  orm I agree that the J-1 exchange visitor has the English language s

Date

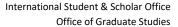


### Form DS-2019 Certificate of Eligibility for Exchange Visitor (J-1) Dependent Information Form

(This form should be completed by the exchange visitor and submitted to the hosting department)

Complete a separate form for each dependent (spouse and/or child) who plans to travel with you to the United States (U.S.). Please provide a copy of your dependent's passport with the request. If no spouse or children will be coming with you to the U.S., you do not need to complete the Dependent Information Form.

1.	Dependent Name: Family/Last Name		Given/First Name (including middle name)
2.	Dependent Gender:FemaleN	∕lale	Dependent Date of Birth:  Month/Day/Year
3.	Where was the dependent's place of birth?	City	/Country
4.	What is the dependent's country of citizenship?		
5.	What is the dependent's country of legal permanent re	sidency?	
6.	Relationship to Scholar: Spouse		Child
7.	Dependent's E-mail Address:		
If a	available, please provide a copy of the passport inf	ormation	n page for each dependent.
Ple	ease note that health insurance requirements appl	y to depe	endents as well as the visiting scholar.





### Form DS-2019 Certificate of Eligibility for Exchange Visitor (J-1) Supplemental Information Sheet

#### DS-2019 Certificate of Eligibility for Exchange Visitor (J-1) Request Form (Exchange Visitor Form)

**#7 – Highest Degree Received:** Exchange Visitor Participants must have completed the minimum of a bachelor's degree to participate in an exchange visitor program.

#### DS-2019 Certificate of Eligibility for Exchange Visitor (J-1) Request Form (Host Department Form)

#4 – Planned dates of Program: The exchange visitor can arrive in the United States no earlier than 30 days prior to the start date on their DS-2019. The exchange visitor cannot begin program activities until the start date listed on the DS-2019. The exchange visitor can stay in the U.S. up to 30 days after the end date on their DS-2019. They cannot participate in program activities after the end date on their DS-2019. The minimum program length is 1 day and the maximum program length is 5 years. If the exchange visitor is being paid by UNL they cannot begin employment until the start date on the DS-2019 and cannot continue employment after the end date on their DS-2019.

**#5 - Program dates should be reviewed carefully:** A request for an exchange visitor visit from 1 day to 6 months will be classified as a Short Term Scholar. Short-Term Scholar visits are limited to 6 months total. If there is any possibility that the visitor will extend their stay beyond 6 months please indicate this on the request form.

If the requested visit is for longer than six months or if there is any possibility that the visitor's program may be extended the visitor will be classified as a Research Scholar or Professor.

If an exchange visitor's program is longer than six months, in most cases, they will not be able to return to the U.S. for another exchange visitor program for at least 24 months.

#8 – Funding Information: Financial documentation for an exchange visitor is typically from the University of Nebraska – Lincoln (UNL), from a governmental source, from a sponsoring organization and/or from personal funds. All documentation must be in English. The funds may be listed in the home country currency.

SOURCE OF FUNDING	DOCUMENTATION REQUIRED	
University of Nebraska – Lincoln	coln Provide a copy of the UNL offer letter	
U.S. Government Agency	Provide a copy of the funding letter from the U.S. Government Agency	
International Organization	Provide a copy of the funding letter from the International Organization	
Exchange Visitor's Government	Provide a copy of the funding letter from the Exchange Visitor's Government	
Home Institution	Provide a copy of the funding letter from the home institution (or proof that sale	
	will be paid throughout the exchange visitor program)	
Personal Funds	Provide a letter (in English) on financial institution letterhead and with a signature	
	from the financial institution. Monthly bank statements are not acceptable funding	
	documents.	
Other	Provide a copy of financial documentation	

The current minimum amount of financial support that must be documented is:

Exchange Visitor: \$1,730 per month
 Spouse: \$559 per month
 Child: \$326 per month

#### #9. U.S. Government Funding:

The U.S. Department of State, which oversees the Exchange Visitor Program, requires information about the source of funds for exchange visitors. This question must be answered and typically is answered as "will not". If you are receiving funds from a U.S. government agency or grant that specifically requires the funds to be used for international exchange (or to host an international participant) you should mark "will".

#### **Reminders:**

- Typical processing time for a DS-2019 request is 2 weeks
- It is recommended that a request be submitted at least two months prior to the Exchange Visitor's intended start date.
- Exchange Visitor may be employed during the dates of the program only, even though the individual may enter the U.S. up to 30 days in advance and may remain for up to 30 days after completion of the program.
- The Exchange Visitor must check in with the ISSO with their immigration documents (passport and DS-2019) at the Scholar Orientation on the Monday following arrival at UNL. Scholar Orientation is held every Monday at 4:00 p.m. at the ISSO. In the case of a Monday holiday, the Scholar Orientation is held on Tuesday at 4:00 p.m.
- If there is a delay in arrival, the ISSO needs to be notified to amend the program dates on the Form DS-2019.
- The hosting department must report the departure of the Exchange Visitor to the ISSO.
- All Exchange Visitors and their dependents are required by federal regulation to have health insurance with
  coverage for medical evacuation and repatriation of remains. Failure to obtain health insurance will result
  in the termination of the Exchange Visitor Program. PLEASE NOTE: UNL's Employee Insurance plan DOES
  NOT meet the medical evacuation and repatriation of remains requirements of the federal regulations.
  A separate policy to meet these requirements must be purchased if the exchange visitor is on the UNL
  Employee Insurance.

#### Insurance requirements are:

- Medical benefits of at least \$100,000 per accident or illness;
- Repatriation of remains in the amount of \$25,000
- Expenses associated with the medical evacuation of the exchange visitor to his or her home country in the amount of \$50,000; and
- A deductible not to exceed \$500 per accident or illness

An insurance policy secured to fulfill the requirements of this section:

- May require a waiting period for pre-existing conditions with is reasonable as determined by current industry standards;
- May include provision for co-insurance under the terms of which the exchange visitor may be required to pay up to 25% of the covered benefit per accident or illness; and
- Shall not unreasonably exclude coverage for perils inherent to the activities of the exchange program in which the exchange visitor participates.

Any insurance policy secured to fulfill the above requirements must be underwritten by an insurance corporation having an A.M. Best rating of "A" or above, an insurance Solvency International, Ltd. (ISI) rating of "A-i" or above, a Standard & Poor's Claims-paying Ability rating of "A" or above, a Weiss Research, Inc. rating of "B+" or above or such other rating services as the Agency may from time to time specify. Insurance

coverage backed by the full faith and credit of the government of the exchange visitor's home country be deemed to meet this requirement.	