

Part I. Information about TAMUK Host Department

1. Host Department:	2. Host College:
3. Name of Department Contact:	4. Title:
5. Contact Email Address:	6. Contact Phone No.:

Part II. Purpose and Category

<p>7. This form is being completed for: (check all that apply)</p> <p>a. <input type="checkbox"/> initial DS-2019 – Exchange Visitor (EV) is overseas and will be applying for a U.S. visa abroad.</p> <p>b. <input type="checkbox"/> facilitating entry of spouse and/or children to the U.S.</p> <p>c. <input type="checkbox"/> extension of current appointment without change.</p> <p>d. <input type="checkbox"/> EV is in J-1 status at another U.S. institution and will transfer to TAMUK.</p> <p>e. <input type="checkbox"/> initial DS-2019 - EV is in the U.S. in another immigration category and will apply for change of status.</p> <p>f. <input type="checkbox"/> EV is with another TAMUK department and will transfer to our department.</p> <p>g. <input type="checkbox"/> other: _____</p>	<p>8. <u>Exchange Visitor’s Category</u> (select only one box):</p> <p>a. <input type="checkbox"/> Short-term scholar (Six-month maximum stay)</p> <p>b. <input type="checkbox"/> Non-degree student (between 3 weeks and 2 years of duration)</p> <p>c. <input type="checkbox"/> Professor (Five-year maximum stay)</p> <p>d. <input type="checkbox"/> Research scholar (Five-year maximum stay)</p> <p>Note: Individuals having had J-1 status longer than 6months within past 12 months are ineligible for c or d categories. Individuals having had J-1 in c or d categories within past 24 months are ineligible for a new c or d.</p>
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Part III. TAMUK Position Information

9. Full Name of Exchange Visitor (EV):	10. Title:
11. Discipline:	12. Appointment Dates from: _____ to: _____
13. Site of Activity:	
14. Major Activity (Describe it in broad terms so it will cover all the activities here in the U.S.):	
15. What outcome do you expect from this proposed visit? (e.g., publication, lectures, etc.):	

Part IV. Funding Information

Note: During the period of appointment, financial support for this visitor will be provided by the following. Funding should be entered as a total, not "\$450/month." Please enter the exchange visitor's funding for the entire period of stay. Per regulation unless one is funded substantially by a source other than personal or family an individual is not eligible for a J-1 status.

<p>16. Funding will come from (check all that apply)</p> <p>a. <input type="checkbox"/> TAMUK \$ _____ USD</p> <p>b. <input type="checkbox"/> U.S. Government Agency(ies) \$ _____ USD</p> <p>Name of Agency(ies): _____</p> <p>c. <input type="checkbox"/> Exchange Visitor’s Government \$ _____ USD</p> <p>d. <input type="checkbox"/> International Organization(s) \$ _____ USD</p> <p>Name of Organization(s): _____</p> <p>e. <input type="checkbox"/> Other Organization(s) \$ _____ USD</p> <p>Name Organization(s): _____</p> <p>f. <input type="checkbox"/> Personal Fund \$ _____ USD</p>	<p>Current minimum expense amount for one month is \$1,133 for J-1, \$431 for a J-2 dependent.</p> <p>Written evidence of financial support is required, such as an offer letter, a letter from an appropriate government agency, a bank certificate, etc.</p> <p>NOTE: Government funds made available for a specific research goal or to the principal research investigator, and not for the use of supporting an exchange visitor or exchange program, should be designated as funds from TAMUK.</p>
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Part V. Attestation

I understand that the J-1 exchange visitor category was developed to implement the Mutual Educational and Cultural Exchange Act (Fulbright-Hayes Act) of 1961. The purpose of the Act is to “increase mutual understanding between the people of the U.S. and the people of other countries by means of educational and cultural exchanges.” I attest that this prospective scholar’s visit is within the J-1 program objective, and that **I am not utilizing the J-1 category for employment purposes.**

17. Host Supervisor’s Name:	18. Signature:	19. Date:
20. Department Chair’s Name:	21. Signature:	22. Date:
23. College Dean’s Name:	24. Signature:	25. Date:

Part VI. Information about the Exchange Visitor					
26. EV's Family Name:		First Name:		Middle Name:	
27. Email Address:		28. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		29. Date of Birth:	
30. Place (city) of Birth:		31. Country:			
32. Country of Permanent Residence:		33. Country of Citizenship:			
34. Home Country Employer:		35. Position Title in Home Country:			
36. Home Country Institution is <input type="checkbox"/> Government <input type="checkbox"/> Academic Community <input type="checkbox"/> Private Sector, or <input type="checkbox"/> Other:					
37. If Government, what type? <input type="checkbox"/> Central <input type="checkbox"/> State/Regional/Provincial <input type="checkbox"/> City/Town					
38. U.S. Address, if available:					
39. <input type="checkbox"/> Check here if you have previously attended TAMUK as a <input type="checkbox"/> Scholar <input type="checkbox"/> Visiting Professor <input type="checkbox"/> Student					
40. <input type="checkbox"/> Check here if you have previously visited the U.S. If checked, please explain.					
41. <input type="checkbox"/> Check here if you have applied for a waiver of the two-year home country physical presence requirement, 212(e) of INA.					
Part VII. If in the U.S. Complete the Following					
42. Date of Last Arrival:		43. I-94 No.:		44. Current Nonimmigrant Status:	
45. SEVIS ID No. (if available):		46. Expiration Date of your Passport:			
Part VIII. Family Member Information (only if accompanying you initially to the U. S.)					
47. Relationship	48. Name (Last, First, Middle)	49. City of Birth	50. Country of Birth	51. Date of Birth	52. Sex
					<input type="checkbox"/> M / <input type="checkbox"/> F
					<input type="checkbox"/> M / <input type="checkbox"/> F
					<input type="checkbox"/> M / <input type="checkbox"/> F
					<input type="checkbox"/> M / <input type="checkbox"/> F
53. Email Address for Dependent(s):					
Part IX. Statements and Signature					
My signature below indicates that I guarantee the above-named family member(s) will not become a public charge in the U.S. and will maintain his or her nonimmigrant status and depart prior to the expiration of his or her authorized stay in the U.S.					
Insurance Statement (Please read and sign the following statement)					
I understand that, per the requirement from the U.S. Department of State, during my period of appointment at TAMUK as a J-1 Exchange Visitor, I must comply with the Department of State (DOS) regulations which require that I purchase health insurance for myself and my accompanying J-2 dependents (spouse and children), if applicable, throughout the duration of my/our visit in the U.S. I understand that failure to comply with this requirement will result in termination from the Exchange Visitor Program at Texas A&M University-Kingsville.					
54. Signature of Exchange Visitor:				55. Date of Signature:	
Part X. English Language Proficiency Verification					
56. To be in compliance with federal regulation , the following measurement has been used to verify the English Language Proficiency for the Exchange Visitor: _____					
a. <input type="checkbox"/> English Language Proficiency Test. A copy of the test report is enclosed.					
b. <input type="checkbox"/> Document signed by home institution or home English School, indicating completion of an ESL program or an English language school. A copy of the document is enclosed.					
c. <input type="checkbox"/> Documented interview signed by TAMUK host professor after completing interview in English in person or by videoconferencing or by telephone. A copy of the document is enclosed.					
d. <input type="checkbox"/> The EV has received a degree from an institution of higher education in an English-speaking country. A copy of the document is enclosed.					
57. Signature of Host Supervisor:				58. Date of Signature:	

Part XI, Mailing Instruction (Select only one box)

- 59. OISSS will mail DS-2019 form by Express Mail. I have completed [Form OISSS-01](#), Express Mail Instruction or included Express Mail envelope and pre-printed mailer.
- 60. OISSS will mail DS-2019 form by Campus Mail to the faculty member requesting the DS-2019 so the faculty member can mail it to the scholar. Campus Address _____
- 61. OISSS will contact _____ via email address at _____ for personal pick up.

Note: Federal policy prohibits us to transmit form DS-2019 electronically.

Checklist

EV's Name: _____

- 1. Signed and completed Form OISSS-200
- 2. A copy of receipt of [J-1 Exchange Visitor Processing Fee](#).
- 3. TAMUK's Letter of Offer of employment, if funded by TAMUK
- 4. TAMUK's invitation letter, if funded by source other than TAMUK
- 5. Financial document (in U.S. DOLLARS), if funded by source other than TAMUK - attach English translation, if needed
- 6. Document of English language proficiency level. US DOS mandates all exchange visitors must have English language skills necessary to successfully participate in their programs and to function on a day-to-day basis. (Not applicable if applying for extension)
- 7. Completed and signed [Form OC-105, International Visitor Request](#) from Office of Compliance (OC), indicating it is permissible to issue Form DS-2019. Please contact [an Export Control Delegate](#) at your college to perform the export control screen.
- 8. Completed and signed [Form OC-106, Visiting Scholar Acknowledgment](#) from Office of Compliance (OC). For Export Controls assistance, direct questions to Office of Compliance at ExportControls@tamuk.edu.
- 9. Copies of previous DS-2019 if any
- 10. Exchange Visitor's resume indicating a completion of a bachelor's degree (a minimum requirement, except the student category) in a related field - attach English translation, if needed. (Not applicable if applying for extension)
- 11. A copy of biographic pages of the exchange visitor's passport. (Not applicable if applying for extension unless it has been changed.)
- 12. Proof of health insurance covering the previous program duration and the period you are requesting. (If applying for extension)
Note: TAMUK Employee Health Insurance Plan does NOT include medical evacuation and repatriation insurance. Thus, J-1 (and J-2s, if any) must purchase medical evacuation and repatriation insurance separately.
- 13. If requesting J-2 dependent DS-2019(s), attach proof of relationship such as a marriage or birth certificate.
- 14. If requesting J-2 dependent DS-2019(s), attach a copy of the dependent's passport
- 15. Other: _____

