

J-1 SCHOLAR REQUEST

Purpose

Complete this form to request a DS-2019 Form from the Office of Global Services (OGS). The scholar will use the DS-2019 Form to apply for a J-1 Exchange Visitor visa at the U.S. Consulate abroad and to gain J-1 status when entering the United States. Scholars may also use this form to request DS-2019 Forms to obtain J-2 visas and J-2 status for their accompanying dependents.

Instructions

- Scholar should complete pages 2-4 and forward it to their host Department with the attachments listed below.
- The Department should then review pages 2-4, complete pages 5-6, and obtain signatures.
- Department should submit completed, signed form and all attachments in one PDF via e-mail to:

Main Campus, Medical Center, and Law Center to Sandra Layton, sandra.layton@georgetown.edu

School of Continuing Studies: Anka Dadarlat, anka.dadarlat@georgetown.edu

Please allow one week for processing.

Required Attachments

Medical Center: <ul style="list-style-type: none"> CV Copy of official offer letter, if paid by GU, or letter of invitation if unpaid (sample) Financial documentation, if not paid or partially paid by GU Copy of biographic page of passport (and those of dependents) English language test report (TOEFL or IELTS) or signed, dated academic transcript or diploma from institution where language of instruction is English (language of instruction must be documented if not in English-speaking country) If J-1 transfer from another U.S. institution: <ul style="list-style-type: none"> Copy of Form I-94 (available at https://i94.cbp.dhs.gov/I94/#/home) DS-2019 form(s) from previous institution 	Main Campus & Law Center: <ul style="list-style-type: none"> CV Copy of appointment letter (for paid or Affiliate positions) or Visiting Researcher letter Financial documentation, if not paid or partially paid by GU Copy of biographic page of passport (and those of dependents) English language test report (TOEFL or IELTS) or signed, dated academic transcript or diploma from institution where language of instruction is English (language of instruction must be documented if not in English-speaking country) If J-1 transfer from another U.S. institution: <ul style="list-style-type: none"> Copy of Form I-94 (available at https://i94.cbp.dhs.gov/I94/#/home) DS-2019 form(s) from previous institution
Medical Center Extensions: <ul style="list-style-type: none"> Financial documentation, if not paid or only partially paid by GU 	Main Campus & Law Center Extensions: <ul style="list-style-type: none"> Copy of extended appointment letter or invitation letter Financial documentation, if not paid or only partially paid by GU

J-1 SCHOLAR REQUEST

Scholar Portion

Information about the Exchange Visitor

Family Name		First Name	
Middle Name		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Date of Birth (month/day/year)		City of Birth	
Country of Birth		Country of Citizenship	
Country of Legal Permanent Residence		Position/Occupation in Home Country	

Dates Covered by this Request

From* (month/day/year)		To (month/day/year)	
----------------------------------	--	-------------------------------	--

*Must be 1st of month for paid, benefit-eligible positions (Postdoctoral Fellows, Faculty, etc.)

Purpose of this Request

- ☐ New J-1 (for someone not currently in J-1 status), accompanied by _____ (#) dependents
- ☐ Extend Georgetown-sponsored J-1, including _____ (#) dependents
- ☐ Transfer to GU J-1 visa - Current sponsor: _____, Name & email address of J-1 advisor at current institution: _____

Activity at Georgetown

- ☐ **Short-Term Scholar** – Use this category for research or teaching for stays of 6 months or less. Extensions/transfers beyond 6 months are not possible.
- ☐ **Professor** – Use this category for teaching (some research) for stays of more than 6 months up to 5 years. There is a 2 year bar on repeat participation in the Research Scholar and Professor categories (so choose Short-term if definitely staying less than 6 months). Extensions/transfers are possible only if held J-1 less than 5 years.
- ☐ **Research Scholar** – Use this category for research (some teaching) for stays of more than 6 months up to 5 years. There is a 2 year bar on repeat participation in the Research Scholar and Professor categories (so choose Short-term if definitely staying less than 6 months). Extensions/transfers are possible only if held J-1 less than 5 years.
- ☐ **Specialist** – Use this category for observing U.S. institutions and sharing techniques. There is a 1 year limit.

Field of study	
-----------------------	--

Summary of research topic and/or teaching	
English language proficiency	<p>I certify that I have sufficient English language proficiency to participate in this J-1 program. Please check all that apply.</p> <p><input type="checkbox"/> I have taken an English language test (TOEFL or IELTS) that demonstrates appropriate English language proficiency for this program. Attach score report. Name (TOEFL/IELTS): _____ Date: _____ Test score: _____ <i>(If not TOEFL or IELTS, we recommend Department conducts English interview.)</i></p> <p><input type="checkbox"/> I have been interviewed by my GU host faculty member.</p> <p><input type="checkbox"/> I have obtained a degree from an English-speaking educational institution. Attach a signed and dated academic transcript or diploma and official documentation that the language of instruction is English, if not in an English-speaking country.</p>

Financial Support for Duration of Program

Federal regulations require applicants for J-1 status who are not paid by Georgetown University to submit evidence of financial resources for the proposed period of teaching or research. A J-1 scholar must demonstrate a minimum of **\$2565 per month** for living expenses and insurance. If J-2 dependents will accompany the scholar, an additional **\$920 per month** is needed for the first dependent and **\$510 per month** for each additional dependent. Please indicate what financial support you have for your J-1 program and attach the supporting documentation to this request.

- ☐ a. \$ _____ per _____ Georgetown Funding
- ☐ d. \$ _____ per _____ Home Government
- ☐ f. \$ _____ per _____ All other organizations (name: _____)
- ☐ g. \$ _____ per _____ Personal Funds

Note that these financial estimates represent the bare minimum of funding needed to support you and your dependents during your stay and do not allow for any luxuries. Washington, D.C. is one of the most expensive areas in the U.S.

We will accept the following types of financial documentation:

- **Documentation of Personal Funds:** A letter or a recent bank statement (less than six months old) from the financial institution in which you have funds. The letter or bank statement should be **in English** and indicate the present balance in numeric figures. (Please see sample letter below) We are unable to accept computer printouts from online banking sites.
- **Documentation of Family Funds:** A letter of support from an individual who intends to provide for your expenses. The letter must be **in English** and indicate the amount of funds to be provided and the duration of the support (Please see sample letter below). A recent bank statement (less than six months old) or a letter **in English** from the financial institution in which your family member has funds must also be provided.
- **Documentation of Funds from a Sponsoring Organization:** A letter from a sponsoring organization on letterhead **in English** that indicates the amount of funds to be provided to you and the duration of the award.
- **Documentation of Monthly Salary:** A letter from your current employer **in English** stating your monthly salary and confirming that you will continue to receive this salary during your period of research or teaching at Georgetown.

Sample Letter from Relative	Sample Letter from Bank
Date Office of Global Services, Georgetown University Washington, DC 20057-1013 Dear Sir/Madam: Please be advised that I, Mr. John Smith, father of prospective Georgetown J-1 scholar Jane Smith, will be financially responsible for my daughter's living expenses for the duration of her J-1 status at Georgetown University. I will provide US \$30,780 during her stay in the United States. Sincerely,	Date Office of Global Services, Georgetown University Washington, DC 20057-1013 Dear Sir/Madam: Our records indicate that Mr. John Smith has a personal account with our bank and maintains a current balance of US \$50,000. Sincerely,

Information on Mandatory Insurance Requirements

Federal regulations mandate that J-1 scholars and their J-2 dependents maintain health insurance throughout the time they are in the U.S. in J-1 and J-2 status. This insurance must cover at least \$100,000 per accident or illness, \$50,000 for medical evacuation, \$25,000 for repatriation of remains, and the maximum deductible should not exceed \$500 per accident or illness. Please make arrangements accordingly. For information including options, visit

<https://internationalservices.georgetown.edu/j-1-health-insurance/>. **Note for Georgetown benefits-eligible**

employees: You will only be eligible for insurance from the University from the 1st of the month. If you will not start on the 1st of the month, you will need to arrange for temporary insurance to cover you until the 1st of the month.

Additional Information about the Exchange Visitor

Current Address (DS-2019 Form will be sent to this address)			
City, State/Province		Country	
Postal Code		Telephone	
Email			
Have you previously been in J status?	<input type="checkbox"/> J-1 <input type="checkbox"/> J-2	If Yes, Dates and J-1 Category	
Will you be visiting other institutions while at GU?	<input type="checkbox"/> No <input type="checkbox"/> Yes, If yes, please give names and dates below.		

Dependent Information

List any dependents (spouse, unmarried children under the age of 21) that will come with you to the United States in J-2 status. Please also include a copy of the biographic page of the passport for each dependent. If you would like dependents to join you later, please contact your international advisor after your arrival. Attach an additional sheet if necessary.

Spouse					
Family Name		Given Names			
Gender		Date of Birth (mm/dd/yy)		Country of Citizenship	
City of Birth		Country of Birth		Country of Perm. Residence	
Child 1					
Family Name		Given Names			
Gender		Date of Birth (mm/dd/yy)		Country of Citizenship	
City of Birth		Country of Birth		Country of Perm. Residence	
Child 2					
Family Name		Given Names			
Gender		Date of Birth (mm/dd/yy)		Country of Citizenship	
City of Birth		Country of Birth		Country of Perm. Residence	

J-1 SCHOLAR REQUEST

Department Portion

Information about the Department

Department Name			
J-1 Scholar Position Title			
Location (street address) where research and/or teaching will take place			
Host Professor/Supervisor			
Department Administrative Contact		Telephone	

English Language Ability/Academic Qualifications (For initial J-1 requests only)

J-1 regulations require that we obtain an objective measurement of the prospective J-1 scholar's proficiency in the English language, sufficient to participate in his or her program and to function on a day-to-day basis.

Required Host Professor Certification:

I certify that the J-1 scholar has sufficient academic qualifications and English language proficiency to participate fully in this J-1 program and function in the United States on a day-to-day basis. I have verified this through:

☐ **Test:** Scholar has taken an English language test (TOEFL or IELTS) that demonstrates appropriate English language proficiency. **Attach the score report.** If not TOEFL or IELTS, we recommend the Department conduct an English interview.

☐ **Interview:** In-person/Telephone/Skype/videoconference interview, Date: _____ Name/title of interviewer: _____

☐ **Degree from English-speaking institution:** Scholar has obtained a degree from an educational institution in the United States or another English speaking country or an institution where the official language of instruction is English (**Proof must be attached to this application**).

☐ **Prior working relationship:** I have a prior working relationship and have collaborated/worked with this scholar for _____ (period of time), and I evaluated his/her English language proficiency on _____ (date).

Host Professor Signature		Date	
-----------------------------	--	------	--

Instructions regarding mailing of the DS-2019

New J-1:	<input type="checkbox"/> Department will pay for FedEx: FedEx account # _____ If you would like a copy of the airbill, to whom it should be sent?: _____
	<input type="checkbox"/> Visiting Researcher will pay for the FedEx: Please ask them to pay for the shipment via Georgetown's eShipGlobal account (https://internationalservices.georgetown.edu/receiving-i20-

	and-ds2019/) and email the order number to Sandra Layton. <input type="checkbox"/> Mail the DS-2019 Form by regular post to the scholar's address on this form <input type="checkbox"/> Call/e-mail department for pick-up of the DS-2019: _____ (name & extension or e-mail)
Extensions:	Call/e-mail the J-1 status holder at _____ to arrange for pick-up of the Form DS-2019

Department Declaration

In compliance with federal regulations governing the J-1 Exchange Visitor Program, we certify that, to the best of our knowledge, the information contained in this request form is true and accurate. Furthermore, we certify:

- 1) That the individual's program of research/teaching is consistent with his/her professional background and experience; and
- 2) That he/she has sufficient proficiency in the English language to participate fully in the program and function on a day-to-day basis in the United States.

As the University sponsor of the scholar, we agree that we will:

- 1) Ensure that the scholar attends orientation at OGS **within 30 days** of the start date of the DS-2019;
- 2) Ensure that the scholar's activities at Georgetown are consistent with the objectives listed on his/her DS-2019;
- 3) Monitor the progress and welfare of the scholar, providing any assistance/advice needed to facilitate the successful completion of the program;
- 4) Work with OGS to ensure that the scholar obtains and maintains a health insurance policy for him/herself and his/her dependents for the duration of his/her J-1 program at Georgetown;
- 5) Notify OGS of any changes in the scholar's program including employment or payment not listed on the scholar's DS-2019; and
- 6) Notify OGS in writing when the scholar has completed or withdrawn from the program prior to the ending date on his/her DS-2019.
- 7) Notify OGS of events that could endanger the health, safety, or welfare of an exchange visitor or otherwise could be expected to bring the Department of State, the Exchange Visitor Program, or the sponsor's exchange visitor program into notoriety or disrepute. This includes but is not limited to death, serious injury, hospitalization of 48 hours or more, missing, litigation, arrest, or abuse.

If this J-1 request is submitted for a Foreign Medical Graduate, the program meets the following requirements:

- 1) The program is predominantly involved with observation, consultation, teaching, or research.
- 2) Any incidental patient contact will be under the direct supervision of a U.S.-licensed faculty member.
- 3) The Foreign Medical Graduate, will not be given final responsibility and decision-making on diagnosis and treatment of patients;
- 4) Any activities of the Foreign Medical Graduate will conform to State regulations or licensing requirements for medical health care professions in the State in which the Foreign Medical Graduate is pursuing the program; and
- 5) Any experience gained in this program will not be creditable towards any clinical requirements for medical specialty board certification.

Required Signatures

Department Administrator		Date	
Host Professor		Date	
Department Chair		Date	