To the UA Host Department: Complete pages 1 and 2. Applicant completes pages 3 - 5.

To the Applicant: Complete the last 3 pages of the application and send the whole application packet and supporting documents to your host department.

Part I. Information about UA Host Department								
Host Depa	rtment							
Host Supervisor's name			Title					
Department Contact Name			Title					
Phone	(330)	Email		@uakron.edu	Zip +4			

Part II. Purpose and Category

This form is being completed for: (check all that apply)

- 1. Initial DS-2019 the applicant is overseas and will be applying for a U.S. visa abroad
- 2. Initial DS-2019 the applicant is in the U.S. in another immigration category and will apply for change of status
- 3. The applicant is currently in J-1 status at another U.S. institution and will transfer to UA
- 4. Other:_____

The Exchange Visitor (EV) category will be:

1. Short-term scholar (six months maximum stay)

2. Professor (five years maximum stay)

3. Research scholar (five years maximum stay)

Note: Individuals having had J-1 status longer than six months within the past 12 months are ineligible for category 2 or 3. Individuals having had J-1 as a professor or research scholar category within the past 24 months are ineligible for a new professor or research scholar program.

Part III. UA Position Information

Name of EV	(Family)		(First)		(Middle)
Job Title				Subject of Field	
Name of Current Employ	er/Colleg	e			
Appointment Dates at L	JA	(from)	(to)		
Major activity at UA					
J-1's Site and Address of Activity					

Part IV. Signatures					
Host Supervisor's		Date			
Signature					
Department Chair's		Date			
Signature					

ENGLISH LANGUAGE PROFICIENCY VERIFICATION FORM

New provisions of the Code of Federal Regulations 22 CFR Part 62, Exchange Visitor Program, Subpart A - General Provisions, establish new standard of English Language proficiency for a J-1 Exchange Visitor.

In order to participate successfully in the program and to function on a day-to-day basis, a J-1 Exchange Visitor must have sufficient proficiency in the English language which must be "<u>determined by an objective measurement</u> <u>of English language proficiency</u>" [22 CFR 62.11(a)(2)].

Acceptable "objective measurements of English language proficiency" may be the following:

- A recognized English language test; or
- Signed documentation from an academic institution in an English-speaking country or a school with an accredited ESL program; or
- A documented interview conducted by at least two professors from the sponsor (the host school) either in-person or by videoconferencing, or by telephone if videoconferencing is not a viable option.

In order to be in compliance with these provisions, the Department requesting the form DS-2019 from the Office of International Programs (OIP) should submit this form as part of the application packet and **attach documentation** verifying English Language proficiency.

Name of the Exchange Visitor:

English Language proficiency verification document is attached: (mark at least one):

- □ A recognized English Proficiency Test (TOEFL, IELTS). A copy of the test report is attached.
- Document signed by an institution in an English-speaking country or by a school with an accredited ESL program.
- Document signed by at least two UA host professors after completing interview in English by phone, by videoconferencing, or in person.
- □ Other:
- J-1 Exchange Visitor's Supervisor:

Name

Signature

Date

Congratulations on being invited into the Exchange Visitor program at the University of Akron. We are looking forward to your arrival. To ensure that your application is processed quickly, we have provided a checklist for all the items you need to submit in order to receive your DS-2019.

DS-2019 APPLICATION CHECKLIST

- □ Certified financial document (**in U.S. DOLLARS**), if funded by source other than UA *attach English translation, if needed*
- □ Proof of English Language Proficiency (to be determined by the host UA Department)
- □ Copies of previous DS-2019, if any
- □ Copy of resume indicating the completion of a Bachelor's degree (minimum) in a related field *attach English translation, if needed* (Required only if it is for initial or transfer form DS-2019)
- Copy of biographic page of Exchange Visitor's passport (Required only if it is for initial or transfer form DS-2019)
- □ If requesting J-2 dependent DS-2019(s), attach proof of relationship, i.e. a marriage or birth certificate
- □ If requesting J-2 dependent DS-2019(s), attach a copy of the dependent's passport

PLEASE SUBMIT YOUR APPLICATION TO YOUR HOST DEPARTMENT

Name	(Family)			(First)		(Middle)
Gender	Male Female		Date of Birt	ate of Birth City of Birth		
Email						
Home Cou Address	intry					
Country	Country of Citizenship Country of Permanent Residence					
Position	Position and Title in Home Country					
Name of	Name of Home Country Employer					
Sector of	Home Country	/ Institution	Gov	ernment 🗌 Ac	ademic Community	Private Sector 🗌 Other
lf govern	If government, what type Central State/Regional/Provincial City/Town					
U.S. Add	U.S. Address (if applicable)					
Check here if you have previously visited the U.S. If checked, please explain						
Check here if you have applied for a waiver of the two year home country physical presence requirement						

Part I. Information about the Exchange Visitor

Part II. Immigration Information (to be completed if the EV is in the U.S.)

Date of Last Arrival		I-94 No	No		Current Nonimmigrant Status		
SEVIS ID No (if available)			Expiratior	Date of Your Passport			

Part III. Family Member Information (if accompanying EV to the U.S.)

Relationship	Name (Family, First, Middle)	City of Birth	Country of Birth	Date of Birth	Gender

Part IV. Funding Information

During the period of appointment, financial support for this visitor will be provided by one or more of the following. Funding in U.S. DOLLARS (USD), should be entered as a total for the entire period of stay, not "\$500/month."

The University of Akron:	\$
U.S. Government Agency(ies):	\$ Current minimum living
Name of agency(ies)	 expense for one month is \$1075.00 for J-1 scholar,
The Exchange Visitor's Government:	\$ \$1075.00 for a dependent.
International Organization(s):	\$ Written, detailed evidence of
Name of organization(s)	 financial support is required, i.e. an offer letter, a letter
Other Organization(s):	\$ from an appropriate
Name of organization(s)	 government agency, a bank
Personal Funds:	\$ certificate, etc.

Part V. Insurance Statement

Please read and sign the following statement:

I understand that during my period of appointment at The University of Akron as a J-1 Exchange Visitor, I must comply with the Department of State (DOS) regulations. As such, I agree to purchase health insurance for myself and, if applicable, *my accompanying J-2 dependents (spouse and children)*, 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 The University of Akron.

Exchange Visitor's Signature	Date	