

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 Department					
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 Employer/College			
Appointment Dates at UA	(from)	(to)	
Major activity at UA			
J-1's Site and Address of Activity			

Part IV. Signatures

Host Supervisor's Signature		Date	
Department Chair's 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

Part I. Information about the Exchange Visitor

Name	(Family)	(First)	(Middle)
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	City of Birth
Email			
Home Country Address			
Country of Citizenship	Country of Permanent Residence		
Position and Title in Home Country			
Name of Home Country Employer			
Sector of Home Country Institution	<input type="checkbox"/> Government <input type="checkbox"/> Academic Community <input type="checkbox"/> Private Sector <input type="checkbox"/> Other		
If government, what type	<input type="checkbox"/> Central <input type="checkbox"/> State/Regional/Provincial <input type="checkbox"/> City/Town		
U.S. Address (if applicable)			
<input type="checkbox"/> Check here if you have previously visited the U.S. If checked, please explain			
<input type="checkbox"/> Check here if you have applied for a waiver of the two year home country physical presence requirement			

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

Date of Last Arrival	I-94 No	Current Nonimmigrant Status
SEVIS ID No (if available)	Expiration 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): \$ _____
 Name of agency(ies) _____
- The Exchange Visitor's Government: \$ _____
- International Organization(s): \$ _____
 Name of organization(s) _____
- Other Organization(s): \$ _____
 Name of organization(s) _____
- Personal Funds: \$ _____

Current minimum living expense for one month is \$1075.00 for J-1 scholar, \$340.00 for a dependent. **Written**, detailed evidence of financial support is required, i.e. an offer letter, a letter from an appropriate government agency, a bank 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	
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