



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER™
EL PASO

VISA AND IMMIGRATION SERVICES ADMINISTRATION
DS-2019 REQUEST FORM FOR J-1 EXCHANGE VISITOR

(NAME OF SCHOLAR)

A. **INFORMATION CONCERNING THE SPONSORING DEPARTMENT**

1. Host department's campus address, mail stop, and main telephone number:

2. Host department's fax number:

3. Department administrator's name (phone, email):

4. Departmental account number to be used for FedEx billing purposes:

5. Type of request: ___ New ___ Transfer ___ Extension

6. Funding (Please type total amount e.g. \$40,000 a year for salary):

Salary _____ **Self-Funded** _____ **Stipend** _____

7. After we prepare the DS-2019, please indicate how you would like us to distribute the form:

___ Send original DS-2019 to our department so that we can FedEx it directly to the scholar, along with any other employment materials; or

___ Send original DS-2019 directly to the scholar via FedEx.

8. If the scholar does not have an English Proficiency Exam from TOEFL or IELTS an **AFFIDAVIT from the Department Administrator or Center Director is required.**
9. If the Scholar is a Physician, a physician letter is required (on our website)
10. Department Attestations

AUTHORIZATION OF DEPARTMENT HEAD (CHAIR, DIRECTOR, ETC.)

Name (Please print)

Date

Signature

Please email the completed form, etc. to:

ELP_Visa@ttuhsc.edu