

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER EL PASO
APPLICATION FOR EXCHANGE VISITOR VISA (J-1)

Application for issuance of a DS2019 should be submitted at least two months in advance. Processing of last minute applications cannot be guaranteed.

Important Notes:

If the exchange visitor does not become a benefits eligible HSCEP employee, the visitor must provide his/her own health and life insurance and that of his/her dependents. All exchange visitors and their dependents must also carry \$7,500 repatriation of remains and \$10,000 medical evacuation insurance. Proof of insurance coverage must be presented upon arrival.

If the exchange visitor is a physician by occupation, a “Five Point Letter” signed by the responsible dean must accompany this application, along with attachments contained in HSCEP OP 70.28.

In order to issue the DS2019 and submit to the Department of State Exchange Authentication System, the following information is required. This information must match the Scholar’s passport.

SCHOLAR INFORMATION			
Surname (as in passport)	Given Name	Middle	Suffix

Passport Expiration (mm/dd/year)	
Mailing Address of Scholar	Home Telephone No.
Scholar’s E-Mail	Work Telephone No.

Male	Female	Birth Date

City of Birth	Country of Birth	Country of Legal Residence

Country of Citizenship	Exchange Visitor’s Employment Position in His/Her Country of Legal Residence. If the scholar was or is a student in the home country, please indicate “undergraduate or graduate student” here:
	Occupation: Employer (if applicable):

ACADEMIC INFORMATION	
Highest Degree Earned: _____ Bachelors _____ Masters _____ Ph.D.	

Degree Field:

Degree Institution:

Date Completed (mm/dd/year):

Does the scholar have a medical degree (M.D.)? Yes No

J-1 STATUS HISTORY	
In the past two years, has the scholar been in any category of J-1 status (student, scholar or other)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Periods of stay in the U.S. in the past two years (use mm/dd/year numbers)
Has the scholar ever applied for a waiver of the two year home residency requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No	From: To: Immigration Status:
If the scholar is currently in the U.S., what is his/her date of arrival? (mm/dd/year)	From: To: Immigration Status:
If the scholar is NOT in the U.S., what is the expected arrival date? (mm/dd/year)	From: To: Immigration Status:

TTUHSC PROGRAM INFORMATION		
TTUHSC Appointment Title (Visiting Scholar, Postdoctoral Scholar, Visiting Professor, Specialist, Lecturer, Visiting Researcher).	TTUHSC Host Department:	Appointment Begin Date:
Purpose of Program:	Departmental Telephone #:	Appointment End Date:
<input type="checkbox"/> Research	Email of Department Head:	J-1 Category Requested:
<input type="checkbox"/> Teach/Lecture	Dept. Account #:	<input type="checkbox"/> Short-term Scholar
<input type="checkbox"/> Other	Campus Location: (Dept., Division, School)	<input type="checkbox"/> Professor
		<input type="checkbox"/> Researcher
		<input type="checkbox"/> Specialist

TTUHSC PROGRAM DESCRIPTION:

Describe, in detail, the scholar's topic of research or teaching subject while at TTUHSC:

FUNDING INFO:			NOTE
Sources of Funding	Funding \$	Attach Proof of Funding	
___ TTUHSCEP salary:	US\$ _____	**Include total dollar amount of the grant (if applicable)	Including U.S. Govt. Grants
___ Grant to TTUHSCEP:	US\$ _____		
___ TTUHSCEP Honorarium or Endowment	US\$ _____		
OR	US\$ _____		
___ US Govt. Agency Pays Scholar Directly	US\$ _____		
___ International Org. Pays Scholar Directly	US\$ _____		
___ Scholar's Central Home Govt. Pays Scholar Directly			
OR	US\$ _____		
___ Other Source of Funding			
OR	US\$ _____		
___ Scholar's Own Personal Funds			Specify Govt. Agency Name of organization Full name of Govt. Agency, Ministry, or Dept. (Scholar's Home Country Employer, Institute, University, Private Foundation-Specify Source) If the funding comes from the Scholar's own personal funds, please attach a recent account statement.

FAMILY INFORMATION	(1)	(2)	(3)	(4)
SURNAME				
GIVEN NAME				
MIDDLE NAME				
SPOUSE/CHILD				
DATE OF BIRTH				

GENDER				
CITY OF BIRTH				
COUNTRY OF BIRTH				
COUNTRY OF CITIZENSHIP				
COUNTRY OF LEGAL PERM. RESIDENCE				

If more dependents, please submit on separate paper

**TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER EL PASO
VISA AND IMMIGRATION SERVICES ADMINISTRATION
SERVICES 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. 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.

B. FOR ALL REQUESTS: *Please include photocopies of the following:*

1. Identity/biographical page of passport (showing scholar's name and date of birth)

2. Identity/biographical page of dependents' passports

3. Previous DS-2019s of scholar and dependents, if scholar has been in J status in the past two years

4. Scholar's current resume

5. Signatures on Attestation Form

6. Completed Application for Exchange Visitor Visa

7. Scholar's degrees, along with English translation
 8. An education evaluation for the scholar; if he/she does not have one, our department will order one at the scholar's expense.
- C. **TRANSFER OF PROGRAMS:** *If the scholar is in J-1 status at another U.S. institution and is transferring to TTUHSCEP, include copies of the following:*
1. Required items for all requests, see above
 2. I-94 card for scholar and dependents, copy of front and back
 3. Visa stamp for scholar and dependents, current stamp
 4. The following information about the scholar's current institution's international office:
 - a. Contact name:
 - b. Email:
 - c. Phone:
 - d. Institution:
- D. **EXTENSION OF PROGRAM:** *If the scholar is already in J-1 status at TTUHSC, including copies of the following:*
1. Required items for all requests, see above
 2. I-94 card for scholar and dependents, copy of front and back
 3. Visa stamp for scholar and dependents, current stamp

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

Name (Please print) _____

Date _____

Signature _____

Please mail or fax the completed form, etc. to:

TTUHSCEP Human Resources Department
 Visa and Immigration Services Administration
 Fax: (915) 215-8828

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER EL PASO
VISA AND IMMIGRATION SERVICES ADMINISTRATION
DS-2019 ATTESTATION FORM

I, the undersigned, certify that all of the information provided in the attached DS-2019 request form is true and accurate. We further agree to comply with the federal regulations listed below governing the J-1 Exchange Visitor Program:

- **LATE ARRIVAL:** We will notify IES of any arrival delays more than 14 days past start date on the DS-2019 (scholars may arrive in the U.S. within 30 days of the start date on the Form DS-2019).
- **CHANGE OF ADDRESS:** We will notify IES of all changes of address for TTUHSCep J-1 and J-2 Exchange Visitors within 10 days of the move.
- **HEALTH INSURANCE:** We will ensure that the scholar and his/her family maintain sufficient health insurance as defined by University and federal guidelines for the entire duration of the scholar's visit.
- **SCHOLAR'S CREDENTIALS:** We have determined that the international scholar's program is consistent with his/her professional background and experience.
- **ENGLISH PROFICIENCY:** We have determined that the international scholar's English proficiency is sufficient to participate in his/her exchange visitor program.
- **CHANGES IN PROGRAM:** We will notify IES of any changes in the terms and conditions of this international scholar's exchange program, including employment or payment not listed on the scholar's DS-2019.
- **SCHOLAR ADVISING SUPPORT:** We will monitor the progress and welfare of the international scholar, including ensuring that he/she obtains sufficient advice and assistance to facilitate the successful completion of his/her exchange visitor program.

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

Name (Please print)

Date

Signature