

DS-2019 Application – Instructions
Documentation to be submitted to the IFSS Office
(located at 21 N. Park St., Suite 5101)

J-1 Exchange Visitor Categories: Professor, Research Scholar, Short Term Scholar and Specialist.

It is important for the department to determine the duration of the proposed stay before completing this form.

- * **Professors and Research Scholars:** may extend their stay in the U.S. for up to five years.
- * **Short Term Scholars:** may remain in the U.S. for a maximum of only six months and no extension of stay is permitted.
- * **Specialists:** limited to a stay of one year, with an extension possible only under exceptional circumstances and with Department of State (DOS) approval.

IFSS would prefer a minimum of three months processing time for J-1 scholar requests from the time IFSS receives the request until the desired begin date of the scholar's program.

Procedures:

Hosting UW-Madison Department

- Approves International Visitor invitation/appointment and J-1 status request per internal UW-department procedures
- The UW-department completes DS-2019 request form including attachments
- Forwards completed application packet to the IFSS Office

IFSS Office

- Processes completed DS-2019 application packet
- Document processing for complete applications is a minimum of 2-3 weeks in the IFSS office. This excludes mailing time to scholar, timing of consular appointments, airline flights, etc
- Dispatches visitor's DS-2019 packet as instructed by UW-department (Departmental Pick-up or using a completed express mail air-bill provided by UW-department)
- Upon visitor's check-in at our office, copies immigration documents/schedules orientation

Visitor

- Must pay the SEVIS I-901 fee PRIOR to going to the U.S. consulate
- Takes DS-2019, passport, UW appointment/invitation letter, and any other required financial documents to U.S. Consulate to obtain J-1 U.S. visa stamp in passport (exception for Canadian Citizens)
- Uses DS-2019 and passport with J-1 U.S. visa stamp to enter the U.S.
- Checks in with IFSS Office for mandatory registration as soon as possible after arrival in U.S.
- Schedules and attends mandatory J-1 Scholar Orientation
- Registers with the SHIP Office and purchases the SHIP Insurance or applies for a waiver of the SHIP Insurance within 31-days from the arrival date

Checklist of documentation to be submitted to IFSS

(Please include completed checklist with request)

IFSS will not process an incomplete application; an incomplete application will result in processing delays. To avoid this, be sure to include:

- DS-2019 application form fully completed and signed by the department (**all** questions must be completed)
- Copy of invitation/appointment letter from the hosting UW-Department on letterhead and signed (Begin-date should be at least 3-months from the date the request is submitted to the IFSS Office)
- If not funded by UW-Madison, provide documentation of all funding source(s): e.g. letter(s) from official sponsor or official bank statement (in US\$ and in English or with English translation) on letterhead
- A copy of the passport identity page for prospective J-1 scholar and accompanying J-2 dependents
- Optional-* copy of Curriculum Vitae (CV)
- For **courier service delivery** of DS-2019 to scholar: Completed **UPS or FedEx** express air-bill. IFSS will **not** accept express air-bills from any other companies

Special Notes:

***For J-1 visa holders already in the U.S.** a visa transfer may be required. Please refer to the IFSS Website for further information:

<http://www.ohr.wisc.edu/ifss/imminfo/JScholar/Jscholarindex.htm>

TITLE: **J-1 Transfer**

***For visitors who are MDs:** a "5 point" letter from the Chair and Director of Clinical Affairs is required if the visit will involve incidental patient contact. Please refer to the IFSS Website for further information:

<http://www.ohr.wisc.edu/ifss/imminfo/JScholar/Jscholarindex.htm>

TITLE: **Incidental Patient Contact**

***For information regarding Minimum Financial Support Requirements and Mandatory Health Insurance (SHIP) Requirements** please refer to the IFSS Website for further information:

<http://www.ohr.wisc.edu/ifss/imminfo/JScholar/Jscholarindex.htm>

TITLE: **J-1 scholar and J-2 Dependent Living Expenses**

DS-2019 application (with all required attachments) may be sent to IFSS by the following methods:

- dropped off in person at the IFSS main desk in 21 N. Park St., Suite 5101
- campus mailed
- scanned and e-mailed to ischolars@ohr.wisc.edu
- faxed to 608-265-6547

Questions: Call Kim Maday at 265-5114 or e-mail at ischolars@ohr.wisc.edu

DS-2019 Application Form (Documentation to be submitted to the IFSS Office located at 21 N. Park St., Suite 5101)

- Names of J-1 scholar and all dependents MUST appear exactly as in current passport.
- Provide copy of passport identity pages for scholar and all dependents.

Section 1: J-1 Scholar Biographical Information

(Department or scholar may complete. Please print clearly)

Name _____
Last/family name first/given name full middle name
(if applicable, NO Initials)

Gender Male Female Date of Birth _____
(mm/dd/yyyy)

Marital Status Single Married

City of Birth _____ Country of Birth _____

Country of Citizenship* _____ Country of Permanent Residence _____

**If scholar has dual citizenship, list country of passport in use for this visit.*

Current Title/position _____

Current Institution/employer _____

(Prospective scholar must have a COMPLETED undergraduate degree to be eligible for UW J-1 Scholar Program)

Highest (equivalent) degree completed by scholar Ph.D. Masters MD other (list) _____

Visitor has has not previously been in the U.S. in J-1 or J-2 status.

If scholar "has," list dates of program(s) below and **➡ Attach: copies of all previous DS-2019 forms (if scholar has the forms; otherwise just put down the dates of previous visits).**

Scholar's current mailing address

City/Province _____

Country _____ Zip Code _____

Telephone number _____

Scholar's E-mail Address _____

Section 2: J-2 Dependent Biographical Information

- A J-2 Dependent is classified as a legally wed spouse and/or an unmarried child under the age of 21.
- List ONLY if traveling and entering the U.S. with the scholar.
- Include a copy of each J-2 dependent's passport identity page.
- * If dependent has dual citizenship, list country of passport to be used for this visit.

Dependent 1

Name _____
Last/family name first/given name full middle name
(if applicable, NO Initials)

Gender Male Female Relationship Spouse Child Date of Birth _____
(mm/dd/yyyy)

City of Birth _____ Country of Birth _____

Country of Citizenship* _____ Country of Permanent Residence _____

Dependent 2

Name _____
Last/family name first/given name full middle name
(if applicable, NO Initials)

Gender Male Female Relationship Spouse Child Date of Birth _____
(mm/dd/yyyy)

City of Birth _____ Country of Birth _____

Country of Citizenship* _____ Country of Permanent Residence _____

Dependent 3

Name _____
Last/family name first/given name full middle name
(if applicable, NO Initials)

Gender Male Female Relationship Spouse Child Date of Birth _____
(mm/dd/yyyy)

City of Birth _____ Country of Birth _____

Country of Citizenship* _____ Country of Permanent Residence _____

Dependent 4

Name _____
Last/family name first/given name full middle name
(if applicable, NO Initials)

Gender Male Female Relationship Spouse Child Date of Birth _____
(mm/dd/yyyy)

City of Birth _____ Country of Birth _____

Country of Citizenship* _____ Country of Permanent Residence _____

Section 2: Information about the Scholar's Dependents

- A J-2 Dependent is classified as a legally wed spouse and/or an unmarried child under the age of 21.
- List ONLY if traveling and entering the U.S. with the scholar.
- Include a copy of each J-2 dependent's passport identity page.
- * If dependent has dual citizenship, list country of passport to be used for this visit.

Dependent 5

Name _____
Last/family name first/given name full middle name
(if applicable, NO Initials)

Gender Male Female Relationship Spouse Child Date of Birth _____
(mm/dd/yyyy)

City of Birth _____ Country of Birth _____

Country of Citizenship* _____ Country of Permanent Residence _____

Dependent 6

Name _____
Last/family name first/given name full middle name
(if applicable, NO Initials)

Gender Male Female Relationship Spouse Child Date of Birth _____
(mm/dd/yyyy)

City of Birth _____ Country of Birth _____

Country of Citizenship* _____ Country of Permanent Residence _____

Dependent 7

Name _____
Last/family name first/given name full middle name
(if applicable, NO Initials)

Gender Male Female Relationship Spouse Child Date of Birth _____
(mm/dd/yyyy)

City of Birth _____ Country of Birth _____

Country of Citizenship* _____ Country of Permanent Residence _____

Dependent 8

Name _____
Last/family name first/given name full middle name
(if applicable, NO Initials)

Gender Male Female Relationship Spouse Child Date of Birth _____
(mm/dd/yyyy)

City of Birth _____ Country of Birth _____

Country of Citizenship* _____ Country of Permanent Residence _____

Section 3: Information about the Appointment

(UW-Madison host department must complete, please print clearly)

Eligibility for J-1 Scholar categories: Professor, Research Scholar, Short Term Scholar or Specialist

- Short Term Scholars cannot extend their J-1 Program beyond six months.
- **If the total visit may extend beyond six months**, please check here

Dates of Program Beginning _____ Ending _____
(mm/dd/yyyy) (mm/dd/yyyy)

UW Academic Staff Title offered _____

Host department _____

Visitor's primary UW activity Teaching Research Observation Consultation

Visitor's site of activity will be outside of UW Yes No

Visitor's field of specialization (see approved list) _____

Visitor will be supervised at UW-Madison by _____

Supervisor's telephone _____ E-mail _____

Section 4: Funding Information (in US dollars)

➔ **Attach:** letter(s) or official bank statement in English to substantiate **each** funding source below

UW-Madison salary/stipend, if any \$ _____ per month duration of program

The UW-Madison sponsor has has not received funding from U.S. Government Agency(ies) to directly support this exchange visitor's program. If "has" indicate agency(ies) below.

U.S. government funding **does not include the "general" grants given to university professors, in which the professors can spend the funding as they deem necessary from office materials to a UW-salary in order to achieve research results.*

U.S. Government (list agency) _____ \$ _____ per _____

International Organization (list agency) _____ \$ _____ per _____

Visitor's home Government _____ \$ _____ per _____

Visitor's personal funds _____ \$ _____ per _____

Other (specify) _____ \$ _____ per _____

Total \$ _____ per _____

Section 5: Department Approval (Must be signed by department hiring authority)

The Primary Department Contact will receive all correspondence regarding this request.

Name & Title of Department Hiring Authority

Primary Department Contact Person

Hiring Authority Signature

Contact Telephone

Date

Contact E-mail Address

Department Mailing Address

Secondary Department contact person

Secondary Department Contact Person

Contact Telephone

Office Fax#

Contact E-mail Address

Dispatch Instructions:

Departmental Pick-up.

Express or courier service to visitor. IFSS will **only** accept a completed **UPS or FedEx** air-bill.

Attach ➔ Completed express mail air-bill