

THE INTERNATIONAL CENTER AT ROWAN UNIVERSITY
DS-2019 APPLICATION FOR J-1 EXCHANGE VISITORS

This is an application for a DS-2019 for J-1 Exchange Visitors. J-1 activities are restricted to those stated on the Form DS-2019. Please be certain to complete all items.

The DS-2019 Application requires the following:

- J-1 Exchange Visitor Information Form
- Financial Support Plan
- Notarized Affidavit of Support
- Official copies of Financial Documents
- J-1 Exchange Visitor Insurance Requirement Notice
- J-1 Transfer Form (if applicable)
- Photocopy of Passport (photo and biographical information)
- Photocopy of most recent US Visa (if applicable)
- Photocopy of I-94 Form (front & back) (if applicable)
- Photocopy of all previous Immigration Forms (if applicable)
- Photocopy of all previous 2019 Forms (if applicable)

Please return all forms to: *The International Center at Rowan University*
Robinson 117 201 Mullica Hill Road Glassboro, NJ 08028
Email: internationalapplicants@rowan.edu Fax: (856) 256-5676

THE INTERNATIONAL CENTER AT ROWAN UNIVERSITY
DS-2019 APPLICATION – J-1 EXCHANGE VISITOR INFORMATION FORM

DEMOGRAPHIC INFORMATION

Exchange Visitor's Name (Last/Family, First): _____
Country of Birth: _____ Country of Citizenship: _____
Date of Birth (mm/dd/yyyy): _____ Email Address: _____
Country: _____ Postal Code: _____
Marital Status: Single Married Gender: Female Male

ADDRESSES

Exchange Visitor's Home Foreign Address (permanent physical address in home country):

Street: _____
Room/Apartment: _____
City/Town: _____ Province/State: _____
Country: _____ Postal Code: _____
Phone Number: _____

Exchange Visitor's Home U.S. Mailing Address (if currently in the U.S.):

Street: _____
Room/Apartment: _____
City/Town: _____ State: _____ Zip Code: _____
Phone Number: _____

STATUS

Exchange Visitor is requesting:

- Initial DS-2019 – the applicant is overseas and will be applying for a U.S. visa abroad
 Initial DS-2019 - Change of Status – the applicant is in the U.S. in another immigration status and will apply for change of status. Current visa category/type: _____

Please include a copy of your current immigration documents (I-20, DS-2019, etc., I-94, visa, passport)

- Transfer – The applicant is currently in J-1 status at another U.S. institution and will transfer to Rowan University (*Please also complete the attached J-1 Transfer Form*)

If you are currently outside the United, but have previously visited the U.S., what type of visa did you have? _____ **Please attach a copy of your most recent visa**

Exchange Visitor's specific field of study, research, or professional activity _____

Dates of proposed visit: _____

Have you previously been in the U.S. as a J-1/J-2 Exchange Visitor? No Yes

If Yes, please complete the following:

Previous J-1 or J-2

From: Month: _____ Day: _____ Year: _____ To: Month: _____ Day: _____ Year: _____

Previous J-1 or J-2

From: Month: _____ Day: _____ Year: _____ To: Month: _____ Day: _____ Year: _____

Please be aware of the following restrictions:

12-Month Bar

Prospective Exchange Visitors who wish to come to the U.S. as a Research Scholar or Professor will be subject to a 12-month bar if they were present in the U.S. in any J visa status for more than six months of the twelve-month period preceding the new program's start date. Exemptions to this bar are:

- Those transferring to another Exchange Visitor program
- Those who have been present in the U.S. participating in the short-term scholar category

Two-Year Bar

An individual participating in the J-1 Exchange Visitor Program as a Professor or Research Scholar is subject to a Two-Year Bar on repeated participation in those categories after completing his/her program even if the program lasts less than five years. Those subject to this bar may not return to the U.S. as a J-1 in the Professor or Research Scholar categories for a two year period. The Two-Year bar also applies to J-2 dependents of J-1 Professors or Research Scholars.

Home-Country Physical Presence Requirement

J-1 exchange visitors and their dependents may be subject to the J Visa Two-Year Home-Country Physical Presence Requirement. An exchange visitor is subject to the requirement if:

- You received financial support from the U.S. government or by the government of your home country or last residence, or
- your field is in demand in a country of which you are a native or permanent resident. Please see the Exchange Visitor Skills list published by the State Department at:
http://travel.state.gov/visa/temp/types/types_4514.html

DEPENDENT DATA

	Person 1	Person 2	Person 3
Last name (family)	_____	_____	_____
First name (given)	_____	_____	_____
Date of Birth	_____	_____	_____
Birth Country	_____	_____	_____
Citizenship	_____	_____	_____
Relationship	_____	_____	_____

EMERGENCY CONTACT INFORMATION

Name (Last/Family, First): _____ Relationship: _____

Street: _____

Room/Apartment: _____

City/Town: _____

Province/State: _____

Country: _____

Postal Code: _____

Phone Number: _____

Email Address: _____

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THE INTERNATIONAL CENTER AT ROWAN UNIVERSITY
DS-2019 APPLICATION - FINANCIAL SUPPORT PLAN

The U.S. Department of State regulations require that the sponsoring institution have documentation of an exchange visitor's financial resources prior to issuing the Form DS-2019.

- The International Center at Rowan University estimates a minimum of \$21,000 per year is required to support a single visiting scholar. An additional \$6,000 per year is required for each accompanying dependent.
- Financial expenses for exchange students will vary.

Financial support can come from any combination of sources from the U.S. or Abroad:

1. **FUNDS FROM "SPONSORS"** (parents, relatives, friends, organizations). The exchange visitor may have as many sponsors as needed. Sponsors may provide support in the form of cash, housing, and/or meals.
 - Acceptable forms of documentation: a copy of the sponsor's most recent income tax return; a letter from the sponsor's employer stating date of employment and annual salary in U.S. dollars PLUS 2 recent pay stubs; a letter from the sponsor's bank or private accountant (if sponsor is self-employed) stating the sponsor's annual income in U.S. dollar PLUS a recent "Profit and Loss" statement for the business; or recent bank/investment statements for accounts in the sponsor's name. **NOTE:** letters stating "enough" funds, "sufficient" funds or "the holder is capable of supporting the exchange visitor" are **not** acceptable.
2. **PERSONAL FUNDS** - These are the exchange visitor's own (not those of relatives).
 - Acceptable forms of documentation: bank/investment statements for accounts in the exchange visitor's name. The statements must be: recent (less than 5 months old), in English, and report the current fund balance in terms of U.S. Dollars.
3. **FUNDS FROM OTHER SOURCES**
 - Acceptable forms of documentation depend on the source of support.

Source	Amount (in US dollars)
<i>Sponsors (Name of Sponsor and Relationship to Exchange Visitor)</i> All Sponsors must complete an AFFIDAVIT OF SUPPORT	
<i>Personal Sources</i> <i>Saving Account/Checking Account (Name of Bank)</i>	
<i>Other Sources (Specify)</i>	
<i>Total Amount of Support from ALL Sources</i>	

Before submitting this form and the financial documentation to the International Center for review, please ensure that:

- The financial statements are recent
- The financial statements reflect readily available funds.
 - Acceptable types of funds are: checking account, savings account, demand deposit account, or time deposit account (maturity reached).
 - Unacceptable types of funds are: Money Market/CD, life insurance, or real estate holdings.

With this signature, I certify that the information I have provided is complete and correct.

Exchange Visitor's Name (Print)

(Signature)

Date

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**THE INTERNATIONAL CENTER AT ROWAN UNIVERSITY
DS-2019 APPLICATION - AFFIDAVIT OF SUPPORT**

All financial documents must be translated into English and must be notarized or bear an official stamp or seal. This form must also be notarized.

EXCHANGE VISITOR'S INFORMATION

Name (Last/Family, First): _____

Semester: _____ Year: _____

SPONSOR'S INFORMATION

Name (Last/Family, First): _____

Street: _____

Room/Apartment: _____

City/Town: _____ Province/State: _____

Country: _____ Postal Code: _____

Cell/Home Phone Number: _____ Email: _____

Relationship to Exchange Visitor: _____ Annual Income: _____

TYPE OF SUPPORT

Please indicate the type of support that the sponsor will provide (check all that apply):

Housing

- Funds for Housing On-Campus*
- Funds for Housing Off-Campus *
- Housing in Sponsor's Home**

Meals

- Funds for Meals On- Campus*
- Funds for Meals Off-Campus *
- Meals in Sponsor's Home**

Academic Costs

- Funds for Tuition*
- Funds for Academic Fees*

Personal Expenses

- Funds for Personal Expenses **

*requires documentation of financial resources

**requires a promissory letter (see sample), documentation of financial resources, and proof of residence

Sample Promissory Letter

I, (name of sponsor), promise that (name of exchange visitor) will live free of charge in my home at (number, street, city, state, zip) from (state date – end date). I own/rent this property. I have attached documentation (a rental contract/mortgage statement, 2 utility bills, or 2 rent receipts) to confirm this fact.

I will provide room/room and board to this exchange visitor. I will not require any type of service to be performed in exchange for this benefit.

My relationship to the exchange visitor is (parent, spouse, brother/sister, friend).

I have the financial means to provide this benefit to the exchange visitor.

I swear that the information I have provided is true and accurate.

Signature / Date

ABILITY TO PROVIDE SUPPORT

Please list ALL of the people who are fully or partially dependent upon the sponsor for their support. (Do not include the exchange visitor named above).

Name	Relationship to Sponsor	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SPONSOR'S STATEMENT

****MUST BE NOTARIZED****

I hereby certify that the information I have provided is accurate and true. I am able to provide the support that I have promised. I understand that the exchange visitor's DS-2019 application may be canceled if any of the above information was falsely provided.

Sponsor's Signature: _____ Date: _____

Subscribed and sworn to before me on this _____ day of _____, at _____.
My commission expires on _____.

Signature of Officer Administering Oath: _____ Title: _____

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THE INTERNATIONAL CENTER AT ROWAN UNIVERSITY
DS-2019 APPLICATION - J-1 EXCHANGE VISITOR INSURANCE REQUIREMENT NOTICE

Each exchange visitor is required to read and sign this J-1 Exchange Visitor Insurance Requirement Notice before Form DS-2019 can be issued.

The U.S. Department of State federally mandates all J status holders to carry current health insurance coverage. Each J-1 must purchase health insurance for him/herself and his/her J-2 dependents immediately upon arrival to the U.S. Insurance coverage must meet the following:

1. Medical insurance must cover the entire period of participation in the Exchange Visitor program.
2. Medical benefits must provide a minimum of \$50,000 per accident or illness.
3. Medical evacuation must be covered in the amount of \$10,000 minimum.
4. Repatriation must be covered in the amount of \$7,500 minimum
5. Deductible must not exceed \$500 per accident or illness.

If you and/or your dependents fail to maintain the mandatory health insurance coverage, you and/or your dependents will be in violation of federal immigration regulations. You will be terminated as an Exchange Visitor participant and must leave the U.S. immediately.

I understand the health insurance requirements per the U.S. Department of State. I agree to purchase the required insurance for me and my dependents to be effective immediately upon arrival in the U.S. and for the entire duration of my program. I understand that I will need to provide the International Center with proof of the insurance. I understand that if I fail to comply with the health insurance requirements, I will be terminated immediately from the Exchange Visitor Program at Rowan University.

With this signature, I agree to the above statement:

Exchange Visitor's Name (Print)

(Signature)

Date

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THE INTERNATIONAL CENTER AT ROWAN UNIVERSITY
DS-2019 APPLICATION - J-1 TRANSFER FORM

This form must be completed by J-1 exchange visitors who wish to transfer to Rowan University from another U.S. College/University/School. **Please note that you must maintain your original program objective listed on the original Form DS-2019. You must report to the International Center at Rowan University within 10 days from the program start date listed on your Rowan University DS-2019 to complete the J-1 transfer process.**

Exchange Visitor's Name: _____

SEVIS ID: _____ Term: Fall Spring Year: _____

PART I: TO BE COMPLETED BY EXCHANGE VISITOR

I hereby authorize my current International Student advisor to provide the following required information to Rowan University.

Non-Immigrant status: J-1 Other _____ INS (I-94) Number: _____

Exchange Visitor's signature: _____ Date: _____

PART II: TO BE COMPLETED BY INTERNATIONAL ADVISOR/DSO

Is the above named exchange visitor currently maintaining lawful J-1 status at your institution? Yes No

J-1 category: Student Research Scholar Professor Short-Term Scholar Other: _____

Exchange Visitor's Start Date/Initial Entry to the U.S.: Month _____ Day _____ Year _____

Dates of Current Exchange Visitor Appointment at Your Institution:

From: Month _____ Day _____ Year _____ **To:** Month _____ Day _____ Year _____

Field Code on Current DS-2019: _____ Field of Study/Research: _____

Has he/she maintained satisfactory academic progress? Yes No

Has he/she met all financial obligations? Yes No

Do you recommend this exchange visitor for transfer? Yes No

If there are there any special circumstances regarding this exchange visitor's status, please explain:

Date the record will be released: _____

Name: _____ Title: _____

Signature: _____ School: _____

Email address: _____ Date: _____

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