REQUEST FOR A DS-2019 FORM
CERTIFICATE OF ELIGIBILITY FOR EXCHANGE VISITOR STATUS (J-1)

**Note:** Use of this form should occur only if consultation with the Office of International Students and Scholars indicates that J-1 “Exchange Visitor” is the most appropriate immigration status for a prospective international employee or visitor.

The purpose of this form is to bring an individual (and _____ dependents) to the University from:

- [ ] A foreign country
- [ ] Another U.S. school or employer

1. **Name:**
   - (last or family name)
   - (first name)
   - (middle name)

2. **Gender:**
   - [ ] male
   - [ ] female

3. **Date of Birth:**
   - (Mo) / (Day) / (Yr.)

4. **City and country of birth:**

5. **Country of citizenship:**

6. **Country of legal permanent residence:**

7. **Present or former position in country of permanent residence:**

8. **Proposed dates of stay:**
   - From: (Mo.) / (Day) / (Yr.)
   - To: (Mo.) / (Day) / (Yr.)

9. **Title of proposed position:**

10. **Brief description of responsibilities:**

12. **Source and amount of funding (must be at least $1,500 per month excluding travel and insurance, plus $5,000 for spouse and $2,500 per child.)**
   - [ ] a. University of New Orleans $ ___________________
   - [ ] b. Other (please specify) $ ___________________

13. If applicable, please list all locations and dates of previous times in J-1 exchange visitor status

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**The University’s Medical Insurance**

Will the employee or visitor be covered by the University’s medical insurance?

- [ ] Yes
- [ ] No

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Request for DS 2019
Revised 8/2010
Page 1 of 2
If the individual is married, please complete this section. If immediate family members plan to accompany the individual to the University, please provide (on a separate sheet of paper) the information requested.

Will dependent(s) be accompanying the Exchange Visitor to the University?   _____ Yes   _____ No

Dependent information:

- Full name
- Date of birth (mo/day/yr)
- City and country of birth
- Country of citizenship
- Country of legal permanent residence
- Relationship (spouse or child)

Exchange Visitor Mailing Address

Address: ________________________________________________________________

________________________________________E-mail: ________________________

Telephone (work)________________________ Telephone (home)____________________

If the individual is currently in the U. S., please complete the item below and comply with the request which follows. If the individual is not in the U. S., skip this section.

Current immigration status (e.g., J-1, F-1, H-1B): ______________________________

Please forward (or ask the prospective Exchange Visitor to forward) the following documents to OISS:

- Copies of all immigration documents [IAP-66(s), DS-2019(s), I-20(s) or I-797(s)]
- A copy of the current INS Form I-94
- A copy of the passport

Mail Request

_____ Send the DS-2019 to me so that I can forward it to the prospective scholar.
_____ Send the DS-2019 to the prospective scholar via courier and bill the special charges to my office. Indicate speed type to bill ______________________.
_____ Send the DS-2019 to the prospective scholar via air mail.

Information on UNO faculty or staff requesting J-1 processing:

Name & Title: ____________________________________________________________ Date: __________________

Department: ___________________________ Phone: ___________________________ E-mail: ___________________________

Instructions. When completed, please forward this form to the Director of OISS, ED 122. The following additional documents should be sent to OISS with this form:

- A copy of the UNO employment offer letter or gratis position offer letter and permission to hire memo for new employees; Form 101 for continuing employees
- A copy of the document(s) verifying the source and amount of any funding which is in lieu of or in addition to UNO funding
- A copy of the prospective scholar’s resume or vita, if available