



Office of International Education
Steps for Sponsoring J-1 Students

We will issue the DS-2019 for the incoming student only when we have the following documentation with all required attachments:

- 1) NEW: J-1 DS-2019 processing fee \$30 due to OIE-IS at time of DS-2019 application. This fee may be transferred via Journal Voucher to index number 1-10209 (account 600099). **Please write the journal voucher number on application form.**
- 2) A letter from the VCU department and chosen advisor, inviting the student and outlining his/her program objectives and dates for VCU.
- 3) A letter from the student's home school, specifying his/her program objectives, their VCU advisor.
- 4) A statement of financial support from the student's sponsor that must include the proposed dates of the visit, the funding source and confirmation that he/ she will be compensated a minimum of \$1,500 per month. The compensation amount must be appropriately documented in the form of a bank statement, a letter from the sponsor or a letter from a bank official. An adequate amount of funding must be received during the entire proposed length of stay at VCU.
- 5) If the request is for a student coming from outside the U.S., a **legible copy of the passport pages identifying legal name and date of birth must accompany this request.**
- 6) Complete the last page of the attached form if spouse or children under 18 will accompany the visitor. Additional financial support for the dependents must be included in the statement in item 2 above. A minimum of \$5,000 per year must be provided for each dependent.

IMPORTANT:

Federal regulations governing the Exchange Visitor Program require that all exchange visitors and dependents have health/accident insurance that includes repatriation costs for remains and medical evacuation coverage during their stay in the US. Under the regulations, the university is not required to pay for the insurance coverage, but must ensure that the visitor and all accompanying dependents have coverage that is valid in the U.S.

Also, J-1 exchange visitors are not eligible for a social security number if they will not be receiving any US funds. Please keep this in mind when sponsoring a visitor who will not be receiving US funds.

(Please attach documentation to confirm that the visitor was informed of this federal regulation and that he or she should present proof of coverage upon his or her arrival at VCU.)

If you have any questions contact OIE-IS at (804) 828-0595.

Updated 2009

Please provide the information requested below for the issuance of a DS-2019 form. This form, along with any required attachments, should be submitted to: Office of International Education- Immigration Services, Box 843043, 916 W. Franklin St., Richmond, VA 23284-3043. Please submit the request **at least three months** prior to the student's expected arrival date to allow time for consular interview.

Department Information

Name of faculty sponsor _____ Campus phone _____

Alternate contact _____ Phone _____

Department/School _____ Campus Box number _____

A photocopy of the letter of invitation to the visitor is attached Yes _____

NEW: \$30 Journal Voucher number _____

The purpose of this form is to: Visitor's name: _____

() Begin a new J-1 program Family/ surname First/ given

() Transfer a J-1 from another program to VCU.

If so, the original program begin date on the previous DS-2019 is _____
Month Day Year

Activity Information

Circle requested category of visitor:

(1) Full-time Degree-seeking Student (2) Non-degree Seeking Student on prescribed course of study

Proposed length of stay at Virginia Commonwealth University:

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

(Note: please see approximate visa application wait times at http://travel.state.gov/visa/temp/wait/tempvisitors_wait.php)

Describe the specific field of study, research, or training in which the visitor will be engaged (i.e., Visiting student conducting research in head trauma). _____

Street address where exchange visitor will perform duties _____

<OVER>

Funding Information

Indicate below the source(s) of funding* and an estimate of the amount of money (rounded to the nearest dollar) the visitor will receive during the length of the program as will be indicated on the DS-2019 (include in the estimate any perks such as room, board, tuition, etc.):

- | | |
|--|----------|
| 1() Virginia Commonwealth University (includes positions funded by grants) | \$ _____ |
| 2() U.S. government agency (ies) _____ | \$ _____ |
| 3() International organization(s) _____ | \$ _____ |
| 4() The exchange visitor's government | \$ _____ |
| 5() The Binational Commission of the visitor's country | \$ _____ |
| 6() All other organizations providing support | \$ _____ |
| 7() Personal funds | \$ _____ |

***Please attach supporting documents that confirm all sources of funding for the visitor's proposed length of stay.**

Health Insurance

Federal regulations governing the Exchange Visitor Program require that all exchange visitors and their dependents must have health/accident insurance that includes repatriation and medical evacuation coverage during their stay in the United States (**not covered by VCU insurance**). Under the regulations, the university is not required to pay for the insurance coverage, but must ensure that the visitor and all accompanying dependents have coverage that is valid in the United States.

Please indicate who will be responsible for the health insurance payments:

_____ sponsoring department _____ exchange visitor

Please indicate who will be responsible for medical evacuation and repatriation insurance payments:

_____ sponsoring department _____ exchange visitor

The below signers accept responsibility for assuring the payment of funds as well as assuring that U.S. government regulations are met on behalf of the student(s). They must ensure that upon arrival to the U.S., the student meets with a representative of OIE. They also must report to OIE the termination or departure of the exchange visitor from the university.

Print name of faculty sponsor

Print name of dean/department chair

Signature of faculty sponsor

Signature of dean/department chair

(Original signatures in **blue ink** required.)

To ensure delivery of the DS-2019 this office will mail the documents to the exchange visitor by Federal Express. If you do not have a Federal Express account, please contact us to make other arrangements.

_____(Federal Express account number)

Will family members be accompanying exchange visitor? _____ yes _____no If yes, complete this sheet with the full name, relationship, date and place of birth, and country of citizenship for each dependent.

Date: _____

Exchange visitor: _____
Family name *First name* *Middle name*

Family Members Accompanying Visitor:

<u>Family name</u>	<u>First name</u>	<u>Middle Name</u>	<u>Relationship</u>	<u>Date of birth</u>	<u>City and country of citizenship</u>	<u>Country of legal permanent residence</u>
1.	_____					
2.	_____					
3.	_____					
4.	_____					
5.	_____					

Eligibility Requirements for J-2 Dependents

Please be advised that dependents are only the spouse and unmarried minor children (*under 21 years of age*) of the J-1 exchange visitor. Other family members are not eligible for J-2 status.