

DEPARTMENT REQUEST FOR FORM DS-2019 FOR J-1 VISA STATUS IN THE STUDENT CATEGORY

A J-1 student's primary purpose is to participate in a USD degree or non-degree-seeking program in your department.

This form should be completed by the host department, signed by the department head, and returned to the Office of International Services (Serra Hall, room 316). Our office will issue Form DS-2019, a document that the prospective J-1 applicant will use in order to obtain a J-1 exchange visitor visa. **Do not use this form for J-1 Professor, Research Scholar, or Short-term Scholar Categories, whose primary purpose is teaching, lecturing, observing or conducting research.** Please call The Office of International Services at **619.260.4678** for any questions.

PLEASE PRINT CLEARLY (if submitting manually completed print out) AND CHECK FOR ERRORS BEFORE SUBMITTING.

SECTION 1: DEPARTMENT INFORMATION		
Host Department Ahlers Center for International Business	Host Department Contact Name Danielle Steiner	
	Phone Number / Ext. 6881	Email Address dsteiner@sandiego.edu

SECTION 2: J-1 STUDENT INFORMATION			
NAME (Exactly as it appears on the passport. If there is no middle name or suffix, write "NONE".)			
LAST	FIRST	MIDDLE	SUFFIX (e.g. Jr., Sr., I, II)
Date of Birth (MM/DD/YYYY)		City of Birth	Country of Birth
Gender (Check One) <input type="checkbox"/> Male <input type="checkbox"/> Female	Country of Citizenship	Country of Legal Permanent Residence	
Home Country Address (no P.O. Box Please)			
Address Line 1	Address Line 2	City	
Province/Territory	Country	Postal Code	
POSITION OCCUPATION IN HOME COUNTRY (choose from the following list): 214 – University Graduate Students 215 – University Undergraduate Students 219 – University, Other			
Category Code Number 214	Position Title University Graduate Students		
What evidence do you have that this person has adequate English skills to function in your department? [Please attach DOCUMENTED PROOF (such as TOEFL scores or waiver letter) to the			

application packet.]	
Has this person held J-1 or J-2 immigration status at any institution in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, give dates/locations for all visits in the last 12 months.
Will the student be accompanied by dependents (spouse/children)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES, complete J-2 DEPENDENT FORM included in this packet. (Note: J-2 dependents are: legal spouse and dependent children under 21. Do not include family members who are U.S. citizens or were born in the U.S., as they should use a U.S. passport to enter the U.S.)	

SECTION 3: PROGRAM INFORMATION

DESCRIPTION OF THE PERSON'S ACTIVITIES AT USD (Choose from "Subject/Field Description" list that appears below)

Agriculture, Agriculture Operations, and Related Sciences
 Architecture and Related Services
 Area, Ethnic, Cultural, and Gender Studies
 Basic Skills
 Biological and Biomedical Sciences
 Business, Management, Marketing, and Related Support Services
 Citizenship Activities
 Communication, Journalism, and Related Programs
 Communication Technologies/Technicians and Support Services
 Computer and Information Sciences and Support Services
 Construction Trades
 Education
 Engineering
 Engineering Technologies/Technicians
 English Language and Literature/Letters
 Family and Consumer Sciences/Human Sciences
 Foreign Languages, Literatures, and Linguistics
 Health Professions and Related Clinical Sciences
 Health-Related Knowledge and Skills
 High School/Secondary Diplomas and Certificates
 History
 Interpersonal and Social Skills
 Langue et Litteratures Francaises/Lettres
 Leisure and Recreational Activities
 Liberal Arts and Sciences, General Studies, and Humanities
 Library Science
 Mathematics and Statistics
 Mechanic and Repair Technologies/Technicians
 Military Technologies
 Multi/Interdisciplinary Studies
 Natural Resources and Conservation
 Parks, Recreation, Leisure and Fitness Studies
 Personal and Culinary Services
 Personal Awareness and Self-Improvement

Philosophy and Religious Studies Physical Sciences Precision Production Psychology Public Administration and Social Service Professions Reserve Officer Training Corps (JROTC, ROTC) Residency Programs Science/Technologies/Technicians Security and Protective Services Social Sciences Technology Education/Industrial Arts Theology and Religious Vocations Transportation and Materials Moving Visual and Performing	
Subject/Field Description Business, Management, Marketing, and Related Support Services	Program of Study at USD
Program Begin Date (MM/DD/YYYY) 08/31/2011	Program End Date (MM/DD/YYYY) 12/20/2011

SECTION 4: FUNDING INFORMATION

Indicate all sources of funding for the period requested for the J-1 program:

USD Funding	\$
Visitor's Government	\$
Other Organizations	\$
Personal Funds	\$
TOTAL	\$

IMPORTANT: The minimum total funding should meet the estimate of expenses from the Office of Admissions. PLEASE PROVIDE DOCUMENTATION for all types of funding specifying the dates and amount of funding. All documents MUST BE IN ENGLISH. If USD will provide funds, copies of relevant award letters or correspondence are needed. If personal funds are necessary to supplement other funding, the J-1 applicant must complete the attached USD Certificate of Finances. A letter from the J-1 applicant is not sufficient.

SECTION 5: CERTIFICATION OF FINANCES (Fill out separate attachment.)

A requirement of your participation in exchange visitor activities is to show that sufficient funds are available to specifically cover the expenses for the duration of your visit. In the following sections, please provide the necessary information to demonstrate funds for your attendance at The University of San Diego. Complete the following section that applies to your financial situation:

- Complete Section 5.1: if your own personal or family resources will pay your expenses
- Complete Section 5.2: if your government, scholarship agency or an international organization will pay your expenses
- Complete Section 5.3: if USD will pay your expenses

SECTION 6: HEALTH INSURANCE INFORMATION

Host department will pay for health insurance to be arranged by USD

YES NO

Visitor will enroll in health insurance provided for international students and scholars at USD

YES NO

(If YES, J-1 applicant must complete the attached PROMISSORY FORM FOR HEALTH INSURANCE.)

SECTION 7: HEALTH INSURANCE PROMISSORY FORM (Fill out the attachment manually.)

SECTION 8: DEPENDENT INFORMATION (Omit this part if you are not bringing any dependents with you.)

J-2 dependents will be traveling with J-1 to the U.S. J-2 dependents will be traveling separately

DEPENDENT #1

Last Name	
First Name	
Middle Name	
Date of Birth	
Gender	
Relationship to J-1 (Spouse or Child)	
City of Birth	
Country of Birth	
Country of Citizenship	
Country of Permanent Residence	

DEPENDENT #2

Last Name	
First Name	
Middle Name	
Date of Birth	
Gender	
Relationship to J-1 (Spouse or Child)	
City of Birth	
Country of Birth	
Country of Citizenship	
Country of Permanent Residence	

DEPENDENT #3

Last Name	
First Name	
Middle Name	
Date of Birth	
Gender	
Relationship to J-1 (Spouse or Child)	
City of Birth	

Country of Birth	
Country of Citizenship	
Country of Permanent Residence	

SECTION 9: HOST DEPARTMENT CERTIFICATION

I certify that all of the above information is correct.

_____ Denise Dimon _____
Signature, Department Head Printed Name

Director, Ahlers Center for Intl Business _____
Title Today's Date

SECTION 5.1 (ATTACHMENT): PERSONAL OR FAMILY RESOURCES

Person Responsible	Relationship to Applicant
Home Address of Person Responsible	Home Phone Number of Person Responsible
Business Address of Person Responsible	Business Phone Number of Person Responsible

Amount of Personal Funds Available Upon Arrival at USD (in US\$)

CERTIFICATION BY BANK OFFICIAL

(In lieu of filling out this section, an actual account statement issued by the applicant's bank for the purpose of this application may be submitted. Please attach the original statement to this form.)

This is to certify that the above information is true, correct, and has been verified by me. I also certify that the amount specified above is available to the applicant mentioned on this form. This certification is offered with no responsibility on the part of this bank or financial agency.

Signature, Department Head Printed Name

Title Today's Date

Address of Bank Phone Number

(Bank seal may be placed on the space provided.)

SECTION 7 (Attachment): HEALTH INSURANCE PROMISSORY NOTE

[Note: You may omit this section if you have international health insurance coverage that includes provisions on medical evacuation and repatriation. Please provide PROOF OF INSURANCE such as a copy of the insurance policy (written in English and directly issued by the insurance company) and attach to the J-1 application packet.]

Exchange visitors, professors, research scholars, and students who do not obtain their own health insurance before arriving at the University of San Diego should have the funds available to purchase it from the University, for themselves and for their dependents, no later than the day they arrive on campus.

(Please fill-out below in handwritten print.)

I, _____ will
Last name First name

purchase health insurance coverage from The University of San Diego no later than the day I arrive on campus. I understand that if I willfully fail to carry health insurance for myself and my dependents, my J-1 sponsor must terminate my program and report the termination to the U.S. Department of State.

Dependents' Information

Last name First name Age Relationship to J-1

Last name First name Age Relationship to J-1

Last name First name Age Relationship to J-1

Last name First name Age Relationship to J-1

Last name First name Age Relationship to J-1

Last name First name Age Relationship to J-1

Signature Today's date