

This form is for a NU department to request a DS-2019 for a J-1 Exchange Visitor and must be completed by an administrator. Before proceeding please review our [website](#) for more detailed instruction.

Note: This is pg 2 of the request. Pg 1 is the EV DS2019 Request Form and should be placed on top.

EXCHANGE VISITOR & PROGRAM INFORMATION

This request is to:

Surname(Last): First Name(s):

Start Date: End Date: NU title:

Job Description:

Examples of valid job descriptions for each category:

Short-Term (max 6 months): *EV will collaborate with faculty/attend seminars/lecture/teach in the field of X. [Note: research not allowed.]*

Research (max 5 years): *EV will conduct research in the field of X.*

Professor (max 5 years): *EV will primarily teach (and will also conduct research) in the field of X.*

Student Intern (max 12 months): *EV will participate in an internship program in the field of X as part of his/her degree program.*

FUNDING INFORMATION

All J-1 applicants must provide proof of funding for the duration of their stay. Minimum levels: **\$1,765/month** or **\$21,180/year for a J-1**. Add **\$525/month** for a J-2 spouse and **\$442/month** for each J-2 child. Does not include health/child care costs.

☐ Northwestern University \$ per

☐ NU received funding for international exchange from one or more U.S. Government Agency(ies) to support this EV.

☐ Other Organization \$ per

Organization Name(s):

☐ Personal funds of EV \$ per

SITE OF ACTIVITY

Department Name:

Work Site Address: City Zip

If multiple sites of activity, please attach address information.

INSURANCE INFORMATION

Under regulations of the United States Department of State, **all individuals who enter the U.S. on a J visa are required to have medical insurance to cover themselves and any accompanying dependents** for the duration of the program. The Department of State requires that insurance must meet the following requirements:

- \$100,000 for each illness or accident with a deductible not to exceed \$500 per illness or accident
- \$50,000 for medical evacuation
- \$25,000 for repatriation of remains

*Please note: the Exchange Visitor must consult NU's [Office of Risk Management](#) prior to purchasing separate insurance as NU's requirements are **higher** than the Department of State. Insurance purchased abroad must meet the stated requirements, be approved by NU's Office of Risk Management and be continuous for the J-1 exchange visitor and any J-2 dependents. It is the responsibility of the EV to provide insurance information and policy coverage to their sponsoring department. Willful failure to maintain insurance coverage during the J-1 program will result in the termination of the program.

FEE AUTHORIZATION

An OISS fee of **\$250** will be charged once your application is received by our office. If this application is submitted within **two weeks** of the EV's start date, an additional **\$200 OISS rush fee** will be charged. The rush fee cannot be charged to a grant account and must be charged to a department/discretionary account. PLEASE NOTE: Your account number will always be 76780; please keep it open for 4 weeks.

Hiring Department Project Cafe Chartstring:

Fund	<input type="text"/>	Dept ID	<input type="text"/>	Project ID	<input type="text"/>	Activity	<input type="text"/>	Program	<input type="text"/>
	3 digits		7 digits		8 digits		2 digits		

Rush Fee Chartstring (if necessary) :

Fund	<input type="text"/>	Dept ID	<input type="text"/>	Project ID	<input type="text"/>	Activity	<input type="text"/>	Program	<input type="text"/>
	3 digits		7 digits		8 digits		2 digits		

AFFILIATES (CMH,RIC,NMFF): Please submit a \$374 check with each J-1 request

COMPLIANCE

In compliance with federal regulations governing the J-1 Exchange Visitor Program, you are certifying that all information in this request is true and accurate to the best of your knowledge. Your signature below indicates that you will abide by the following:

- ☐ Notify the International Office immediately of any changes in the terms or conditions of the EV's program. (Including employment or payment not listed on the DS-2019 and/or early completion.)
- ☐ Inform the EV of health insurance requirements and responsibility of premium payments.
- ☐ Ensure that the EV has appropriate academic credentials for their category and for their position.
- ☐ Confirm that the J-1 visa program will not be used for tenure-track or tenured faculty appointments.
- ☐ Provide adequate office space and support to the EV for the duration of his/her program at NU.

DEPARTMENT SIGNATURES

Department Contact:

Date

(sign here)

Hiring Individual/PI:

Date

(sign here)

Dean/Director/Chair:

Date

(sign here)

REQUIRED DOCUMENTATION

Required for ***ALL*** requests

- ☐ Official University Position Confirmation - must cover specific dates (not needed for J-1 Student Intern)
 - ☐ Research Staff Appointment form; or
 - ☐ Postdoctoral Research Appointment form; or
 - ☐ NU Offer Letter
- ☐ Visiting Scholar Health Insurance Form (approved by the [Office of Risk Management](#))
- ☐ English Proficiency Attestation and supporting documentation (not required for amendment or extension)
- ☐ Proof of funding (see our [website](#) for guidelines) (*if not funded by NU, EV's responsibility*)
- ☐ Exchange Visitor DS-2019 Request (page 1) (**EV's responsibility**)
- ☐ Biographical page of passport (**EV's responsibility**)

If EV previously held or currently holds J-1 status

- ☐ Copies of current and all previous DS-2019's (**EV's responsibility**)

If EV transferring J-1 SEVIS record from another U.S. institution

- ☐ [J-1 Transfer-In Form](#) (**EV's responsibility**)

If EV will bring J-2 dependents

- ☐ [J-2 Dependent Request Form](#) (see form for required documentation) (**EV's responsibility**)

If EV is changing status (COS) to J-1

- ☐ Please consult IO if you are interested in pursuing this option. EV may travel outside the U.S. and re-enter in J-1 status or must wait for USCIS approval before beginning program

If EV is a physician

- ☐ MD Research Scholar Statement - IO will print this letter and attach to the DS-2019

If EV will be in the Student Intern category (current undergraduate)

- ☐ [J-1 Student Intern Student Supplement](#) (see form for required documentation) (**EV's responsibility**)
- ☐ [J-1 Student Intern Department Supplement](#) (see form for required documentation)

SUBMISSION INSTRUCTIONS

Placing pages 1-4 at the beginning; complete requests should be e-mailed as one PDF to EVrequest@northwestern.edu

e-mail subject: "LAST NAME, New/Extension, Start Date" (e.g. WILDCAT, New, 04/01/2013)

pdf file name: "DS2019Req_LAST NAME, First Name" (e.g. DS2019Req_WILDCAT, Willie.pdf)

The department contact submitting the request will receive e-mails when the IO receives the request, if any additional information is needed and when the DS-2019 is ready for pick-up.

Please note our IO processing time is **2 weeks** upon receiving a COMPLETE request.