

# NMSU DS-2019 Request Form for International Scholars

## (Version 2: 10/2009)

Please return completed form to J Exchange Services (JEVS), Office of Study Abroad, International and Border Programs  
MSC 3567 • fax 575-646-3482 • phone 575-646-4736

Please provide the following information to enable JEVS to prepare a DS-2019 for the scholar seeking permission to enter the U.S. with J-1 Exchange Visitor visa status. JEVS will mail the DS-2019 to the exchange visitor according to your request on this form. There is a \$150 administrative service fee for each new scholar (effective July 1, 2009), and a \$50 fee for extensions. This form must be filled out by the sponsoring department and **not by the Exchange Visitor**. Please type or print this form to ensure accuracy on DS-2019.

The Visitor will: ( ) begin a new program • ( ) transfer to NMSU from another U.S. institution • ( ) extend J-1 status at NMSU  
**Note: Provide required documents specified in personal information section.**

The Visitor ( ) will be accompanied by \_\_\_\_\_ immediate family members (complete dependent table on page 2)

### Scholar Personal Information—Must attach copy of scholar's (and dependent's) passport biographical page to insure accuracy

NAME: Family \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Gender: ( ) Male ( ) Female U.S. Social Security Number (if any) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Born (mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_ City: \_\_\_\_\_ Country: \_\_\_\_\_

Legal permanent resident of: \_\_\_\_\_ Citizen of: \_\_\_\_\_

Title of Position in home country: \_\_\_\_\_ e-mail: \_\_\_\_\_

Present Residential Address (outside the U.S.): \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Is the Exchange Visitor already in the U.S. at another institution? ( ) yes ( ) no. If yes, name of the current institution hosting the Exchange Visitor: \_\_\_\_\_

Has the Exchange Visitor ever been in the U.S. in J status during the last six years? ( ) yes ( ) no

**If you answered yes to any of the previous two questions please attach a copy of both sides of the Exchange Visitor's I-94 (if the Exchange Visitor is currently in the U.S.) and all previous or current DS-2019 forms.**

### Program Information

Dates of proposed program (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Category of Exchange Visitor: **(For transfers, maximum time allowed must include time spent at previous U.S. institutions)**

( ) Professor or ( ) Research Scholar (5 year maximum) • ( ) Short-term scholar (6 month maximum—no extension)

( ) Specialist (1 year maximum—no extension)

How have you determined that the visiting scholar has adequate English skills to function in the category requested?:

( ) TOEFL Score of \_\_\_\_\_ (attach copy of official result) ( ) Other (please specify) \_\_\_\_\_

Primary academic discipline of Exchange Visitor while at NMSU: \_\_\_\_\_

Non-technical description of NMSU program: (will appear on DS-2019) \_\_\_\_\_

Explain how the purpose of scholar's stay is connected to your department: \_\_\_\_\_

**(e.g., temporary professor/researcher (must be non-tenure track position), using NMSU libraries/facilities for research project, collaborating with researchers in our department; post doc hire, etc.)**

### Financial Information

All sources and total amount of exchange visitor's financial support for the period above. A minimum of \$1200 for scholar, \$400 for spouse, \$200 for each child per month is required. Attach documentation of financial support from any source other than NMSU administered funds. All employment-based appointments must be arranged through Human Resources prior to a new program or transfer from another institution. Please consult Human Resources with employment procedural questions.

**Funds from or administered by NMSU:** \$ \_\_\_\_\_

Is scholar being hired in a tenure-track position? ( ) Yes ( ) No?

**Other Sources of Funding (Attach Documentation that shows name of organization providing funds and amount per year):**

Exchange visitor's government \$ \_\_\_\_\_ • Other organizations \$ \_\_\_\_\_ • Personal funds \$ \_\_\_\_\_

\*Name of Other Organizations \_\_\_\_\_

*Documentation for personal funding can consist of a personal statement from the visitor accompanied by a bank statement or University letter regarding sabbatical leave, etc. IMPORTANT TAX INFORMATION. Please inform Exchange Visitors that any allowances for housing, travel, insurance, etc. and all wages may be subject to U.S. taxes. Questions about tax obligations and treaties that may exempt scholars from taxes should be directed to Director Treasury Services Division.*

## Health Insurance Information

Will the Visiting Scholar receive NMSU medical insurance that covers the scholar and all dependents? ( ) Yes ( ) No

Will the cost of IMG health and accident insurance be paid by: ( ) NMSU Sponsor or ( ) Scholar?

*The department must establish who will defray the cost of federally mandated health and accident insurance for the scholar and dependents with the following coverage: at least \$50,000 per accident or illness; repatriation of remains in the amount of \$7,500; expenses associated with the medical evacuation of the exchange visitor to his or her home country in the amount of \$10,000; and a deductible not to exceed \$500 per accident or illness. JEVS only \*accepts IMG insurance (sold by JEVS for \$60 per month-effective July 1, 2009-per person-prices subject to change) or one of the NMSU insurance benefit plans for scholars hired by NMSU (but scholars required to purchase IMG until NMSU insurance enrollment becomes effective after 30 day wait period). (Exception may be made for Canadian insurance on a case-by-case basis by the RO.)*

## Dependent Information

### Attach copy of passport biographical page for each dependent

*If the Exchange Visitor plans to bring dependents (spouse or unmarried minor children under the age of 21), who will be requesting J-2 dependent immigration status, please complete the following table even if family members will be entering the U.S. separately from the visiting scholar. JEVS will prepare a separate DS-2019 for each dependent. If more than 4 dependents please attach additional information. Remember that a minimum of \$1200 for scholar, \$400 for spouse, \$200 for each child per month is required.*

Family Name	Given Name	Relationship to Scholar	Gender	Date of Birth mm/dd/yyyy	City of Birth	Country of Birth	Citizenship	Legal Residence

## Department Verification of J Scholar Sponsorship

This form must be signed by the department chair and the faculty member collaborating with the scholar. It must be sent to JEVS (**with passport information page**) as soon as the Exchange Visitor's plans are known, preferably 12 weeks before the scholar's expected arrival date at NMSU. The Responsible Officer will complete the DS-2019 within 2 weeks after receiving the request. The University assumes responsibility in undertaking sponsorship for an Exchange Visitor. The Responsible Officer depends on departments to provide complete and accurate information about their Exchange Visitor and his/her funding. We, in turn, are responsible for guaranteeing this information to the U.S. government.

### Attestation:

*I accept the responsibility for the accuracy of the information provided on this form, for sponsoring the scholar at New Mexico State, for facilitating communication between the scholar and NMSU's Responsible Officer including release time for mandatory J Scholar orientation (scholars off-campus may make alternative arrangements), and for reporting to the Responsible Officer (or in the RO's absence, the Alternate RO) the termination and/or departure of the scholar from the University. I agree to notify the Responsible Officer (or the Alternate) immediately if the scholar leaves or is terminated more than 2 weeks before the end date on the DS-2019:*

Requesting Department: \_\_\_\_\_ Physical Campus Address: \_\_\_\_\_

***If the scholar will conduct research/teaching/other activities at a site other than NMSU's main campus (including any anticipated temporary research/teaching off campus), please specify below. Off-campus site of activity MUST be approved by the RO/ARO prior to the issuance of the DS-2019 and recorded in SEVIS.***

Name of Other Host Location: \_\_\_\_\_

Address of Other Host Location: Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code \_\_\_\_\_ Phone# \_\_\_\_\_

Dates at off-campus site (if not the location for duration of the appointment): Start: \_\_\_\_\_ End: \_\_\_\_\_

Reason for off-campus activity: \_\_\_\_\_

### Contacts:

Dept. Head: \_\_\_\_\_ Phone: \_\_\_\_\_ e-mail \_\_\_\_\_

Scholar's direct supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_ e-mail \_\_\_\_\_

Department Banner Index to be billed for DS-2019 Processing Fee: \_\_\_\_\_ Fund # \_\_\_\_\_  
***(A \$150 fee will be billed to your account, \$50 for extensions) Note: Please verify the correctness of the index and fund number with your departmental accountant. Fees charged to restricted fund numbers (start with 6) will be denied unless allowed by the contract. So use unrestricted fund numbers. DS-2019s will not be processed until the Fund number provided is cleared for payment.)***

Department Head (typed Name) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Host Professor/Staff member (typed Name) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

### DS-2019 Mailing Information: Please mail the DS-2019

( ) directly by JEVS to the Exchange Visitor using first class airmail (not recommended for many countries)

( ) directly by JEVS to the Exchange Visitor by FEDX using our departmental FEDX account #: \_\_\_\_\_

( ) call or email the departmental contact listed above so we may pick up and mail the document to the Exchange Visitor

***THIS FORM MUST BE ACCOMPANIED BY THE SIGNED LETTERS OF (1) DEPARTMENTAL RESPONSIBILITIES AND (2) SCHOLAR RESPONSIBILITIES (FAX OK), (3) THE INFORMATION PAGE OF THE SCHOLAR'S AND HIS/HER DEPENDENT'S PASSPORTS, AND (4) ANY SUPPORTING FINANCIAL DOCUMENTS.***