An Overview of Our Workflow

- DS-2019 request is initiated by UH department.
- ISSS receives and reviews the documents for processing.
- If all required documents are received, ISSS creates a record for the exchange visitor, generates DS-2019 form and information packet for the scholar and dependents.
- If items are missing ISSS works with the department to complete the process.
Processing the request... what is needed?

<table>
<thead>
<tr>
<th>Research Scholar/Short Term Scholar/Professor</th>
<th>Student Intern</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Completed and signed <strong>DS-2019</strong> Request Form</td>
<td>□ Completed and signed <strong>Student Intern DS-2019</strong> Request Form</td>
</tr>
<tr>
<td>□ Passport biographic page for scholar and any dependents</td>
<td>□ Completed form DS-7002</td>
</tr>
<tr>
<td>□ Documentation of English proficiency requirement</td>
<td>□ Passport biographic page for scholar and any dependents</td>
</tr>
<tr>
<td>□ HR Approval Signature (UH Staff)</td>
<td>□ Documentation of English proficiency requirement</td>
</tr>
<tr>
<td>□ <strong>Official</strong> documentation of financial support in English and in U.S. dollar amounts (scholar-$1220 per month/each dependent - $5075 per year)</td>
<td>□ <strong>Official</strong> documentation of financial support in English and in U.S. dollar amounts (scholar-$1220 per month/each dependent - $5075 per year)</td>
</tr>
<tr>
<td>□ Verify program dates</td>
<td>□ Verify program dates</td>
</tr>
<tr>
<td>□ Payment of $80 or $50 (if program is less than one semester)</td>
<td>□ Payment of $160</td>
</tr>
</tbody>
</table>
## Form DS-2019

### Part 1: Personal Information

Complete sections 1-10

<table>
<thead>
<tr>
<th>Section</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Family name (Last Name) Davis</td>
</tr>
<tr>
<td>2</td>
<td>Given name (First Name) Juanette</td>
</tr>
<tr>
<td>3</td>
<td>Sex</td>
</tr>
<tr>
<td>4</td>
<td>City of Birth</td>
</tr>
<tr>
<td>5</td>
<td>Country of Birth</td>
</tr>
<tr>
<td>6</td>
<td>(a) Country of Citizenship</td>
</tr>
<tr>
<td>7</td>
<td>U.S. address if known: (including zip code) 4800 Calhoun Road, Houston, TX 77204</td>
</tr>
<tr>
<td>8</td>
<td>8(a) Country of legal Permanent Residence</td>
</tr>
<tr>
<td>9</td>
<td>Foreign address</td>
</tr>
<tr>
<td>10</td>
<td>Phone number</td>
</tr>
<tr>
<td>11</td>
<td>Email</td>
</tr>
</tbody>
</table>

---

**Submit current DS-2019.**

---

**Previous DS-2019 dates:**

---

**Submit previous DS-2019s.**

---

**Submit current DS-2019.**

---

**Previous DS-2019 dates:**

---

**Submit previous DS-2019s.**

---

**Submit previous DS-2019s.**

---

**Submit previous DS-2019s.**

---

**Submit previous DS-2019s.**

---

**Submit previous DS-2019s.**
Form DS-2019

Part 2: Dependent Information - Provide information for each dependent that will join the exchange visitor during the program.

- Please provide an email address for each dependent over the age of 18.
- Please provide a passport biographic page for each dependent.
Form DS-2019

Part 3: English Proficiency Requirement
Part 4: Program Information

Part III. (Skip to part IV if this request is for a DS-2019 program extension or transfer a J-1 from another U.S. institution)

English Proficiency

English Proficiency is required by federal law. Does the prospective J-1 exchange visitor have sufficient English language skills to function on a day-to-day basis? ___Yes ___No

UH departments should provide ISSS with documentation using one of the following measurements:

- A recognized English Language test (attach a score report); OR
- Signed documentation from an academic institution of English language school (attach a copy of the grade document); OR
- Conducted in-person interview on ____________ (date) by __________________ (faculty/staff name) or by videoconferencing on ____________ (date) by __________________ (faculty/staff name).

The listed above measurements are exempt if the J-1 exchange visitor has obtained a secondary school degree or higher from a country where English is spoken as the native language:

Country: __________________ Degree: __________________

Part IV. Program Information

11. Indicate program dates to be covered by the form DS-2019:

From ____________ To ____________

(Visa process may take minimum 4-6 weeks, please consider a feasible start day)

Professors/Research Scholars/Specialists must be done on a one year or less basis. The period of stay should NOT exceed a total of 5 years for Professors and Research Scholars.

Allow time for processing
Form DS-2019

Selecting the Appropriate Category

12. Choose the most appropriate category for the exchange visitor:

- Student (NDO Student: Please contact Jin Zhang at extension 3-5072)
- Short-term Scholar [maximum duration is 6 months and cannot be used as a “way around” repeating bar(s)]
- Professor (will be barred for 24 months on repeat participation)
- Research Scholar (will be barred for 24 months on repeat participation)

All categories except student: Please submit $80.00 annual fee via SCVoucher or check payable to U.H. The fee is $50 for one semester or less.

NOTE: Only J-1 Exchange Visitors in the STUDENT category may participate in full-time studies and pursue a degree.

13. Brief description of primary educational activity and duties in which the Exchange Visitor will be engaged:

Please provide a brief description of the primary educational activities and duties of the Exchange Visitor in this space.

Will the activity involve direct patient care? □ Yes  □ No
(UH sponsored J-1’s cannot participate in any clinical activities involving direct patient care.)
• Scholar must show documentation of minimum $1220 per month.
• Scholar must show documentation of minimum $5075 per each dependent.
• Personal funds must be in the scholar’s own name.
• Bank statements should not display full account number.
Form DS-2019

Medical Insurance Requirements

16. The U.S. State Department requires ALL J-1 and J-2 visa holders to have medical insurance. Medical insurance usually does not cover pre-existing conditions such as pregnancy, illness, or other pre-existing conditions. Most policies require dependents to be covered upon arrival, or within 30 days of arrival in the U.S. The J-1 should make arrangements for continual coverage in the U.S. that meets the U.S. Code of Federal Regulations minimum requirements. Therefore, please complete the following:

HEALTH INSURANCE for individuals listed in Part I and Part II of this form will be provided by:

☐ Employee Benefits Eligible Plan from the University of Houston

☐ Another organization or by the individual listed in Part I

NOTE: Failure of an exchange visitor and accompanying dependents to maintain health insurance may lead to the termination of the exchange visitor's program.
Form DS-2019

Departmental Contact and Checklist

<table>
<thead>
<tr>
<th>College/Department Name:</th>
<th>International Student and Scholar Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>4465 University Drive</td>
</tr>
<tr>
<td>Mail Code:</td>
<td>3024</td>
</tr>
<tr>
<td>Contact Person when the request is ready, Name:</td>
<td>Jackaline Chambers</td>
</tr>
<tr>
<td>Phone number:</td>
<td>713-743-5073</td>
</tr>
<tr>
<td>Email:</td>
<td><a href="mailto:jochambers@central.uh.edu">jochambers@central.uh.edu</a></td>
</tr>
<tr>
<td>Name of Supervisor for the 1-1</td>
<td>Anita Galiers</td>
</tr>
<tr>
<td>Phone number:</td>
<td>713-743-5065</td>
</tr>
<tr>
<td>Email:</td>
<td><a href="mailto:aagaliers@uh.edu">aagaliers@uh.edu</a></td>
</tr>
</tbody>
</table>

18. The section below to be completed by the authorized person at the University of Houston:

I understand that the department must promptly (on or before the next business day) notify the International Student and Scholar Service (ISSS) of any investigations of an exchange visitor’s site of activity or any serious problem or controversy that could be expected to bring the Department Of State, the Exchange Visitor Program or the Sponsor’s exchange visitor program into notoriety or dispute, to include: [22 CFR 62.13(d)]

- Potential litigation related to sponsor’s exchange visitor program, in which the exchange visitor may be named party
- Death or missing of an exchange visitor
- Serious injury or illness of an exchange visitor
- Sexual abuse allegations
- Other Situations impacting Exchange Visitor safety

Also, I will notify ISSS if any changes regarding the Exchange Visitor’s program, including (but not limited), program dates, site of the activity, funding and etc.

Exchange Visitors may be a tenure track position at U.H. as long as she is not a candidate for tenure. The Exchange Visitor named in is not a candidate for tenure. I certify that the information on this form is correct to the best of the department’s knowledge:

Name of Dean or Chairman: Stefan Johansson

Signature of Dean or Chairman: 

Date: 3/21/2019

CHECKLIST (Before submitting this request, be sure you have all required documents):

- Completed and signed DS - 2019 Request Form
- Passport biographic page for scholar and any dependents
- Documentation of English Proficiency Requirement
  - Certificate or
  - Test scores or
- Documented in person or video conferencing interview
- J1B Approval Signature (UH Staff) or
- Official documentation of financial support in English and in U.S. dollar amounts (scholar-$1200 per month and each dependent - $5075 per year)
- Completed J1B Program Dates
- Payment of $80 or $50 (if program is less than one semester)

Important Note: U.S. Department state does not allow for a copy of DS-2019 Form to be sent through any electronic means.
Form DS-2019

Exchange Visitor Certification

EXCHANGE VISITOR CERTIFICATION (For program extension only)

I understand that as a J-1/J-2 visa holder, I am required to maintain health insurance with minimum coverage as specified in the "Statement of Understanding regarding the Health Insurance requirement for the J-1 Exchange Visitor Program" for myself and accompanying dependents. I hereby affirm that I have the stated insurance for the effective period of all valid Form(s) DS-2019 issued to me.

Exchange visitors subject to the two-year home residency requirement who have been granted a waiver of this requirement are ineligible to extend J-1 status. In order that we may determine eligibility of extending your DS-2019, it is mandatory for you to certify if you have or have not applied for a waiver by answering the question below:

HAVE YOU APPLIED FOR A WAIVER OF THE TWO-YEAR HOME RESIDENCY REQUIREMENT?

___Yes___No

If yes, please provide your Department of State Case Number:

I hereby certify that I have read and understand the information regarding the insurance requirement as set forth by the U.S. Department of State. I understand the two-year home residency requirement. The information given me on this application to extend J-1 status is true and correct to the best of my knowledge.

Signature of Exchange Visitor (Required) __________________________ Date: 02/13/2017

University departments can submit completed DS-2019 requests through SC Voucher to:

Vendor ID: 0000000032
730-UH International Student Services

Please upload the completed DS-2019 request form and all supporting documentation into PeopleSoft Finance and submit into workflow for processing.

Non-departmental requests can be forwarded to:
International Student and Scholar Services
University Center North Room 203 (campus mail code: 3024)

Please allow 5 business days processing time for all requests. ISSS will call your office when the documents are ready for pickup. For questions, please call Anita Gaines at (713)743-5065.
Payment Options

Paying by check:

Send DS-2019 request and supporting documents to ISSS. Make check payable to the University of Houston International Student and Scholar Services

4465 University Drive, Room 203
Houston, TX 77204-3024
Payment through SC Voucher

Vendor ID: 0000000032
730-UH International Student Services
Speedtype: 53043

Back up documentation should include:
- Completed DS-2019 request form
- DS-7002 if EV is coming as Student Intern
- Copy of passport biographic page for EV and each dependent
- Documentation of English proficiency requirement
- Documentation of financial support
- Copies of any current or previous DS-2019’s
Timeline

Please allow 5 business days processing time.

• Processing time begins once all required documents are received by our office.

Department ➔ Department Business Administrator ➔ ISSS ➔ Accounts Payable
Inviting J-Visa Research and Professors

- UH Faculty and Staff Guide to J-1 Program
- How to Select Category for Prospective J-1
- Process Outline
- Sample Invitation Letter
- Download DS-2019 Request Form
<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
<th>Phone</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jackeice Chambers</td>
<td>Form inquiries</td>
<td>3-5065</td>
<td><a href="mailto:jcchambe@central.uh.edu">jcchambe@central.uh.edu</a></td>
</tr>
<tr>
<td>Emily Estill</td>
<td>Form inquiries</td>
<td>3-5065</td>
<td><a href="mailto:eestilll@uh.edu">eestilll@uh.edu</a></td>
</tr>
<tr>
<td>Jin Zhang</td>
<td>J-1 Specialist</td>
<td>3-5072</td>
<td><a href="mailto:jinzhang@uh.edu">jinzhang@uh.edu</a></td>
</tr>
<tr>
<td>Juanette Davis</td>
<td>Financial Inquiries</td>
<td>3-5069</td>
<td><a href="mailto:jldavis1@uh.edu">jldavis1@uh.edu</a></td>
</tr>
<tr>
<td>Anita Gaines</td>
<td>Director</td>
<td>3-5065</td>
<td><a href="mailto:againes@uh.edu">againes@uh.edu</a></td>
</tr>
</tbody>
</table>
Questions???