



International Student and Scholar Services

Bringing CU to the World • Bringing the World to CU
University of Colorado at Boulder

DEPARTMENTAL REQUEST FOR DS-2019 FOR AN EXCHANGE VISITOR:

The University assumes responsibility of some magnitude in undertaking visa sponsorship for a visiting international scholar ("exchange visitor") in the J visa category. All Exchange Visitors on a CU Boulder J program must have at least the equivalent of a Bachelor's degree. International Student and Scholar Services (ISSS) depends on departments to provide complete and accurate information about your visitor and his/her funding. We, in turn, are responsible for guaranteeing this information to the U.S. government.

The following information is necessary for ISSS to prepare a DS-2019 form. This form is needed by a visiting scholar in order to obtain the J-1 visa to come to the University of Colorado at Boulder, to extend his/her J status, or to transfer to another program.

NOTE: THIS REQUEST REQUIRES THE SIGNATURE OF THE INVITING UC-BOULDER FULLTIME FACULTY MEMBER (NOT ADJUNCT FACULTY) AS WELL AS THE SIGNATURE OF THE CHAIR OF THE DEPARTMENT.

Please indicate here how you would like to receive the completed DS2019:

By Campus Mail at campus box _____

Call for Pick Up at Tel No _____

SCHOLAR'S PERSONAL DATA:

PLEASE ATTACH A COPY OF SCHOLAR'S PASSPORT BIODATA PAGE TO THIS REQUEST FORM.

Family Name _____ First Name _____ Middle Name: _____
(as listed in the passport)

Male _____ Email: _____ Date of Birth (mo/day/yr) _____
Female _____

City of Birth _____ Country of Birth _____ Country of Citizenship _____

Does the scholar have the equivalent of a Bachelor's degree? Yes No

Country of Legal Permanent Residence _____ Occupation _____

Name of Overseas Institution/Organization which the scholar is affiliated with: _____

SPONSORSHIP INFORMATION:

This request is to: Begin a new program at CU Boulder
Extend a current CU Boulder program
Transfer from a different J program to CU Boulder's J program

Dates of appointment/sponsorship at UCB: From _____ To _____
(Maximum of 5 years - funds must be reasonably assured)

University of Colorado Title: _____ Specify Academic Field: _____
(e.g. Research Associate, Visiting Professor, etc.)

Check which J Category you are requesting for Exchange Visitor (one box only):

Research Scholar - primary activity: research. *Maximum time allowed: 5 years.*
(NOTE: Scholar will be subject to a 2 year bar to repeat participation upon completion of their J program. See: <http://www.colorado.edu/oie/iss/pdf/JPROFESSORORRESEARCHSCHOLARFAQ.pdf>)

Professor - primary activity: teaching. *Maximum time allowed: 5 years.*
(NOTE: Scholar will be subject to a 2 year bar to repeat participation upon completion of their J program. See: <http://www.colorado.edu/oie/iss/pdf/JPROFESSORORRESEARCHSCHOLARFAQ.pdf>)

Short Term Scholar - primary activity: lecture, consulting, attendance at seminar/conference/study tours.
Maximum time allowed: 6 months. No extensions.

Specialist - for experts in a specialized field to observe, consult, demonstrate special skills.
Maximum time allowed: 1 year. No extensions.

Address Where the Exchange Visitor will be conducting their activity/doing their research (Include all sites of activities, if multiple. Use a separate sheet if necessary):

Address1: _____ Address2: _____

City: _____ State: _____ Zip: _____

PREVIOUS TIME IN J STATUS:

Has the scholar had any prior visits to the U.S. in J status in the last 24 months? Yes No

If yes, please attach photocopies of all the scholar's previous DS/2019s/IAP66s.

FACULTY AND DEPARTMENT CHAIR ATTESTATION AND SIGNATURE:

I agree to sponsor the above exchange visitor and I certify that:

- o The information provided on this form is accurate;
- o The scholar has the appropriate education (at least the equivalent of a Bachelor's degree) and experience to perform and participate in this proposed program of research/teaching;
- o The scholar has sufficient English language proficiency to participate in this program;
- o The department will ensure office space and support for the scholar for the duration of his/her program at the University of Colorado;
- o I will ensure that the scholar CHECKS IN WITH ISSS UPON ARRIVAL IN BOULDER;
- o I will inform ISSS if the scholar is arriving later than the program start date listed so the date can be amended;
- o I understand the scholar's record may be terminated if he/she does not check in with ISSS within 30 days of the program start date; and
- o I will report to ISSS the termination and/or departure of the scholar from the University of Colorado.

Responsible faculty member's signature: _____

Responsible faculty member's name (Printed): _____

Title: _____ Department: _____

Campus Box _____ Telephone _____ Email _____ Date _____

Sign Off from the Department Chair/Director:

I agree with and support this proposed program of research/teaching for this scholar.

Department Chair/Director's Signature: _____ Date: _____

Name of Department Chair/Director: _____

CU-Boulder International Students and Scholar Services

Office of International Education

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Phone: 303-492-8057 Fax: 303-492-5185 <http://www.colorado.edu/oie/iss>