



Request for STAFF or ACADEMIC J-1 Status Document, Form DS-2019

This request form should be filled out by a staff member in the Department, Professional School or Research Institute where the Exchange Visitor will be working. **Completed and approved requests should be e-mailed to international-affairs@uchicago.edu**

Departmental Contact Information:

- | | |
|---|----------------------|
| 1. Administrator completing this request: | 3. Campus Extension: |
| 2. Department, School or Institute: | 4. E-mail Address |

Personal Information on J-1 Scholar:

- | | | |
|---|--|-------------------|
| 6. Family Name: | 7. Given Names: | 8. Date of Birth: |
| 9. <input type="checkbox"/> Male/ <input type="checkbox"/> Female | 10. E-mail Address: | |
| 11. Position in Home Country: | ← If visitor is already in the US, what was the occupation in the home country | |
| 12. Institution/ Employer in Home Country: | | |
| 13. Number of dependents that will be accompanying the Exchange Visitor:
(Limited to legal spouse and children under the age of 21.) | | |

Immigration & Visa Information:

14. Initial J-1 Request – J-1 Scholar will be coming to the University of Chicago directly from abroad
 Extension Request – J-1 Scholar is now at the University of Chicago and is in J-1 status
 Amendment Request – J-1 Scholar will remain at the University of Chicago, but a change of location/ change of funding source will occur
 Change of Status Request – J-1 Scholar is now at the University of Chicago, but in a nonimmigrant status other than J-1.
Please note: Due to lengthy processing times, a change of status to J-1 usually requires travel outside of the U.S.
 Transfer Request – J-1 Scholar is now in the US, in J-1 status, at another institution.

Current Institution's Name:

Please note: When someone transfers to the University of Chicago, OIA cannot issue the new DS-2019 form until the official transfer date/ start date of the position.

Proposed Activities at the University of Chicago:

15. J-1 Program Dates: Start: _____ End: _____
16. If appointment is six months or shorter, will an extension be requested? Yes / No
17. Primary Activity: Teaching/ Research/ Equal Responsibility for Both
18. Field of Research/Teaching at the University of Chicago:
19. Job Title: _____
20. Position Type: Staff / Academic (non-tenure track only)
21. Does the J-1 Scholar hold an M.D.? Yes / No ← If yes, attach a "five-point" letter from the Department Chair certifying that the Visitor will not be involved in any patient care.
22. Faculty Supervisor: _____
23. Campus Extension:

24. Will Scholar work at any off-campus locations?

Yes

No, I will inform

Please provide address(es)

OIA if additional work sites are added

Financial Arrangement

25. For the period covered by Form DS-2019, indicate salary, stipend, or other support for which you have documentation on file. Do not include travel allowances, health insurance or other perquisites. If the J-1 Scholar will be supported by more than one source, indicate each individual source & amount.

<u>Source</u>	<u>Amount</u> (in U.S. dollars)	
University of Chicago	\$	<input type="checkbox"/> total / <input type="checkbox"/> year
Other	\$	<input type="checkbox"/> total / <input type="checkbox"/> year
Total	\$	<input type="checkbox"/> total / <input type="checkbox"/> year

(Total must meet minimum funding requirement as outlined on OIA's website)

Items to Attach for OIA:

26. Curriculum Vitae (not needed for extension requests)

Proof of funding if the visitor will use non-University funds (incl. personal funds) for visit (see #24)
"Five-point" letter if scholar holds an M.D.

27. **Mailing Instructions** (for Initial Requests Only, see #14):

- Email or Call the Department at: ← for courier service
- Mail it to the Exchange Visitor with the attached and completed shipping label: ← for courier service

Approval:

28. Chair of Department, Director of Institute, or authorized representative:

Name

Signature:

Date

29. Dean of Division or Professional School, Office of Academic Affairs or authorized representative:

(Departmental HR Administrator may sign for staff positions in the BSD)

Name

Signature:

Date