



Application for Prospective Visiting Scholars: DS-2019 Request Form

Required Supplemental Documentation

Required for ALL requests:

- Invitation from Department to Scholar—**must include specific dates and activities**
- Proof of Funding for full stay (see page 2)
- Proof of Language Proficiency (see pages 3 and 4)
- Biographical Page of Passport (and those of any dependents accompanying the scholar)
- CV or Resume of Scholar

If Visiting Scholar previously held or currently holds J-1 Status at Illinois State University or through another University/program:

- Copies of current and all previous DS-2019s

Required Supplemental Documentation should be submitted to International Student and Scholar Services (ISSS) with the DS-2019 Request Form via email to arwagon@ilstu.edu or campus mail attn: Aubrey Wagoner, Campus Box 6120.

DS-2019 Request Form: Visiting Scholar Section (to be filled out by visiting scholar)

Scholar Personal Information

Name:	Phone Number:
City of Birth:	Country of Birth:
Country of Citizenship:	Country of Permanent Residence:
Permanent Home Address (not in US):	Email Address:
Have you ever been in the US on a J-1 visa in the past? <input type="checkbox"/> YES *If yes, include copies of all previous DS-2019s <input type="checkbox"/> NO	

J-2 Dependents

Please select the family members who will come to Illinois State University with the scholar.

- Spouse Child(ren) Both NONE

Family's Anticipated Date of Arrival (if different from scholar's): _____

Please provide copies of the biographical page of the passport for each dependent listed above, as they will also need DS-2019s. All child dependents must be age 20 or younger to be eligible for J-2 visas.

Proof of Funding

Proof of funding is needed to create a DS-2019 in order to apply for a J visa. Below are the minimum amounts required for funding based on one month in Bloomington-Normal. These amounts are taken from the Living Wage Calculator estimates of required annual income after taxes in McLean County. Information about the study can be found online: <http://livingwage.mit.edu/>

	Scholar	Scholar + Spouse	Scholar + Child	Scholar + Spouse + Child	Scholar + Spouse + 2 Children	Scholar + 2 Children
Total Minimum Per Month	\$1,529	\$2,562	\$3,349	\$3,090	\$3,449	\$4,244

Please provide proof of funding with this application. This proof could include any or all of the following:

- Offer letter from Illinois State University indicating a salary or stipend
- Scholarship or sponsor letter signed and on the organization's letterhead
- Personal bank statement—if statement does not have scholar's name on it, it must be accompanied by a sponsor letter stating that the money will be used for the scholar's stay

Health Insurance: Department of State Requirements

Under regulations of the United States Department of State (DOS), all individuals who enter the U.S. on a J visa are required to have medical insurance for themselves and their dependents for the duration of their program. An insurance policy must meet the following requirements:

- \$100,000 for each illness or accident with a deductible to not exceed \$500 per illness or accident
- \$50,000 for medical evacuation
- \$25,000 for repatriation of remains
- Coverage for pre-existing conditions at start of policy or with a reasonable waiting period
- Co-payment that doesn't exceed 25% co-pay by the exchange visitor and/or does not exclude benefits for perils inherent to the activities of the exchange visitor's program
- Meet one of the following requirements:
 - Underwritten by an insurance corporation having: an A.M Best rating of "A+" or above; a McGraw Hill Financial/Standard & Poor's Claims-paying Ability rating of "A+" or above; a Weiss Research Inc. rating of "B+ or above; a Fitch Ratings, Inc. rating of "A+" or above; a Moody's Investor Services rating of "A3" or above
 - Be backed by the full faith and credit of the government of the visiting scholar's home government
 - Part of a health benefits program offered on a group basis to employees by the sponsor (ISU employed scholars only)
 - Offered through or underwritten by a federally qualified Health Maintenance Organization or eligible Competitive Medical Plan as determined by the Centers for Medicare and Medicaid Services of the U.S. Department of Health and Human Services

The Visiting Scholar should consult with ISSS to ensure that the coverage that they plan to bring meets or exceeds these requirements **before** arriving in the United States. It is the responsibility of the Visiting Scholar to provide insurance information and policy coverage to ISSS. Willful failure to maintain insurance coverage during the program will result in termination of the program.

By signing this form, I declare that I understand and will comply with the insurance requirements above.

(Signature)

(Date)

DS-2019 Request Form: Host Department Section

Program Specifics

Start Date of Program:	End Date of Program:	
Professor/Collaborator in Department:		
Collaborator Phone:	Collaborator Email:	
Physical address of Scholar Activity (include department campus box):		
City:	State:	Zip Code:

Please provide a brief description of program activities for the scholar:

Please provide a list of cross-cultural activities in which the scholar will be expected to participate (this is a requirement of J exchange visitor visa status):

English Language Proficiency

Federal Regulations state that proficiency in the English language must be provided by, “an objective measurement of English language proficiency to successfully participate in his/her program **and** to function on a day-to-day basis” [22 CFR 62.11(a)(2)]. **The requirement can be met in any of the following ways:**

Please answer the following:

- 1) Does the scholar have citizenship or permanent residence in a country whose primary language is English?
 Yes No
- 2) Does the scholar have a degree in which the primary language of instruction was English?
If yes, the scholar must provide a signed letter (no more than 2 years old) from the academic institution stating the dates of enrollment and affirming the scholar has at least intermediate level skills. A transcript will be accepted in lieu of a letter.
 Yes No
- 3) Does the scholar have a passing score from TOEFL (79 or higher) or IELTS (6.5 minimum band)?
If yes, the scholar provide proof of TOEFL or IELTS. Results must be no more than 2 years old.
 Yes No

If you answered “no” to all of the questions above, the scholar’s ISU host must conduct an interview with the scholar and complete the next section of this form.

Visiting Scholar English Proficiency Form

The Host Department should use this section when evaluating the scholar’s English language proficiency via a Skype (preferred method) or phone interview.

Interviewer: A Representative of the ISU Host Department Scholar’s supervisor at ISU

Interview Method: In-Person Skype Phone Date of Interview: _____

Please rate the scholar’s English proficiency in the following areas:

**Please note, if the proficiency is “poor” in both categories, the department should seek accommodations to assist the scholar (i.e. translator, etc.) for the duration of their program.*

Listening/Comprehension: Excellent Good Adequate Poor

Speaking: Excellent Good Adequate Poor

***Please attach a brief summary of your conversation for reporting/audit purposes.**

Name & Title of Interviewer: _____ Signature: _____

Host Department’s Verification

As the Department Sponsor of this Exchange Visitor, we confirm that we have reviewed and understand the information provided here about the proposed activities of the visiting scholar and have spoken with the faculty member(s) in the department who will host the scholar. We hereby give approval for the scholar’s program in the department. We also confirm the following:

1. The scholar’s program of research/teaching is consistent with his/her professional background and experience;
2. The scholar has sufficient proficiency in the English language to participate in the program;
3. We will notify ISSS immediately regarding any changes to the terms/conditions of the scholar’s program (including employment or payment not listed on the DS-2019 or early completion of their program);
4. We will provide adequate space and support to the scholar for the duration of their program at ISU;
5. The J-1 visa program will not be used for tenure-track or tenured faculty appointments.

● Signature of ISU Host:

Signature	Print Name	Date (Month/Day/Year)
-----------	------------	-----------------------

● Approval Signature of Department Chairperson/ Director/Executive Director:

Signature	Print Name	Date(Month/Day/Year)
-----------	------------	----------------------

● Approval Signature of the Dean

Signature	Print Name	Date(Month/Day/Year)
-----------	------------	----------------------

Questions?

Contact Aubrey Wagoner in International Student and Scholar Services (ISSS) at 309-438-5276 or

arwagon@ilstu.edu Exchange Visitor Program: <http://j1visa.state.gov/programs>

J-1 Professors and Research Scholars: <http://j1visa.state.gov/programs/professor-and-research-scholar>