



University at Buffalo  
The State University of New York

Office of International Education  
Immigration Services

## DS-2019 REQUEST FORM J-1 EXCHANGE VISITOR PROGRAM

**(Document must be filled out by the inviting faculty member, not the scholar)**

(Request form in accordance with U.S. Dept. of State Subpart A regulation implementation on 01/05/2015)

**Please type or print clearly. Submit completed form and all other required documentation to UB Immigration Services, via E-mail (cinthya@buffalo.edu & cc'ed to: immsvcga@buffalo.edu).**

**Subject line: LAST NAME, First Name (of Scholar) DS-2019 Request (INITIAL or EXTENSION) Start date (DATE).  
(\*request must be submitted in one single PDF with supporting documents, providing multiple PDFs could delay the review)**

Check all that apply:

New J-1 scholar at UB

Previously at UB in J-1 status \_\_\_\_\_  
approximate dates

Previously in U.S. in J-1 status \_\_\_\_\_  
approximate dates

Request transfer from another U.S. institution

Scholar's Name \_\_\_\_\_  
Last/Family First Middle

Male Female

Date of Birth \_\_\_\_\_  
Month/Day/Year

City or Province of Birth \_\_\_\_\_  
**(must be completed)**

Country of Birth \_\_\_\_\_  
**(must be completed)**

Country of  
Citizenship \_\_\_\_\_  
**(must be completed)**

Country of Legal  
Permanent Residence \_\_\_\_\_  
**(must be completed)**

E-mail address \_\_\_\_\_

Person # \* \_\_\_\_\_  
**(if available)**

**\* If possible, please provide a UB person number for J-1 scholars who will be employed at UB. The HR person in your department can enter the scholar in NEW, UB's system for new hires. For more information, call Dana Moore, Manager, Customer Service at 645-8157**

Is the scholar participating on a UB Exchange Program?

Yes No

If so, which one?

\_\_\_\_\_



RESEARCH PLAN to be filled by the scholar :

Describe the research project or scholarly activity you plan to pursue during your stay at UB.  
(Attach extra page(s) if additional space is needed)

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Indicate how you propose to collaborate with your host faculty member:  
(Attach extra page(s) if additional space is needed)

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Indicate how your visit will benefit yourself, your institution and UB.  
(Attach extra page(s) if additional space is needed)

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I ( \_\_\_\_\_ ) attest that the above information is accurate and complete.  
J-1 Scholar name

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Scholar's Funding Source(s) and Amount(s) **(complete all that apply):**

|                                                                                                                                              |                 |
|----------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| State Appointment* ( <i>Attach invitation letter &amp; Postdoctoral letter</i> )                                                             | \$ _____        |
| Research Foundation Appointment* ( <i>Attach invitation, Posdoc &amp; SPS letter</i> )                                                       | \$ _____        |
| UB Foundation Appointment* ( <i>Attach invitation letter &amp; Postdoctoral letter</i> )                                                     | \$ _____        |
| Other Sponsor ( <i>Attach letter on official letterhead showing support in U.S. dollars and indicating duration</i> )                        | \$ _____        |
| Scholar's Government ( <i>Attach letter on official letterhead showing support in U.S. dollars and indicating duration</i> )                 | \$ _____        |
| Other Organizations Providing Support                                                                                                        | \$ _____        |
| _____                                                                                                                                        |                 |
| Specify                                                                                                                                      |                 |
| Personal Funds ( <i>Attach scholar's 3 most recent bank statements and translation, if necessary</i> )( <i>CD's generally not accepted</i> ) | \$ _____        |
| Other _____                                                                                                                                  | \$ _____        |
| Specify                                                                                                                                      |                 |
| <b>Total amount of funding</b>                                                                                                               | <b>\$ _____</b> |

\* If the scholar will hold a University appointment, refer to salary schedules provided by the appropriate Human Resource Services office for required salary minimums and maximums. Medical Evacuation and Repatriation Insurance enrollment is required for University appointments: <https://www.buffalo.edu/studentlife/life-on-campus/health/medical-care/health-insurance/international-scholars.html>  
 \* If the scholar will not hold a University appointment, please refer to the [J-1 expense worksheet](#) to calculate the amount needed for the period of time requested.

Source of **Mandatory** Health Insurance

**Note: J-1 Exchange Visitors are required by the U.S. Department of State and SUNY to obtain and maintain medical insurance coverage for themselves and their family members throughout their stay in the U.S. as J-1 Exchange Visitors.**

Benefit of University appointment – I agree to purchase the medical evacuation and repatriation insurance from the Student Medical Insurance Office  
 Scholar will purchase upon arrival from the Student Medical Insurance Office (includes medical evacuation and repatriation insurance)  
 Scholar will purchase in home country (**Scholar must present an English translation of the policy for evaluation by the Student Medical Insurance Office upon arrival**). **Scholar may be required to medical evacuation and repatriation insurance from the Student Medical Insurance Office. Therefore, it is not recommended to purchase health insurance in home country.**

Program Suitability and English Language Requirements

J-1 regulations require the following: The host department must establish and utilize a method to screen and select prospective exchange visitors to ensure that they are eligible for program participation, and that the “program is suitable to the exchange visitor’s background, needs, and experience,” and the exchange visitor “possesses sufficient proficiency in the English language, as determined by an objective measurement of English language proficiency, successfully to participate in his or her program and to function on a day-to-day basis. A sponsor must verify an applicant’s English language proficiency

through a recognized English language test, by signed documentation from an academic institution or English language school, or through a documented interview conducted by the sponsor either in-person or by videoconferencing, or by telephone if videoconferencing is not a viable option.”

By my signature, I affirm that the host department has determined that the program is suitable to the exchange visitor’s background, needs, and experience. \_\_\_\_\_ Name: \_\_\_\_\_

Does the exchange visitor possess satisfactory proficiency in the English language? Yes \_\_\_\_\_, No \_\_\_\_\_

Method used to establish English language proficiency: \_\_\_\_\_  
(Attach documentation to establish EV possesses English language proficiency)

**Accompanying Immediate Family Members (Spouse and/or Children)**

NAME:  
Last/Family, First/Given \_\_\_\_\_  
Relationship to Scholar \_\_\_\_\_  
Date of Birth (Month/Day/Year) \_\_\_\_\_  
City and Country of Birth/Citizenship \_\_\_\_\_

NAME:  
Last/Family, First/Given \_\_\_\_\_  
Relationship to Scholar \_\_\_\_\_  
Date of Birth (Month/Day/Year) \_\_\_\_\_  
City and Country of Birth/Citizenship \_\_\_\_\_

NAME:  
Last/Family, First/Given \_\_\_\_\_  
Relationship to Scholar \_\_\_\_\_  
Date of Birth (Month/Day/Year) \_\_\_\_\_  
City and Country of Birth/Citizenship \_\_\_\_\_

**This DS-2019 Request Form MUST BE accompanied by:**

- a copy of the scholar's CV
- a copy of the letter of invitation (sample letter available at <http://www.buffalo.edu/immigration-services/services/J-1Scholars0/FormsAndAppls1.html>)
- a copy of the scholar's current DS-2019, and front and back of his/her I-94 card *if the scholar is currently in the U.S. as a J-1 scholar at another institution*

**DS-2019 REQUEST  
CERTIFICATION AND FEE AGREEMENT**  
*(Please Complete and Submit to UB Immigration Services, 1Capen)*

**► PRIMARY CHAIR'S CERTIFICATION:**

*I HEREBY CERTIFY THAT I SUPPORT THE ISSUANCE OF A FORM DS-2019 ON BEHALF OF THE PROPOSED EXCHANGE VISITOR AND DEPENDENTS, IF ANY, BEING SPONSORED BY THE UNIVERSITY AT BUFFALO OR RESEARCH FOUNDATION.*

International Scholar  
Being Sponsored for  
J-1 Status: \_\_\_\_\_

Department: \_\_\_\_\_

Departmental Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Chairperson: \_\_\_\_\_

Signature: \_\_\_\_\_  
Date

**► OFFICE OF INTERNATIONAL EDUCATION SERVICES NONREFUNDABLE FEE:**

The service fee of **\$300** (INITIAL DS-2019) will be paid by:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_  
Date

Name and e-mail address  
of payor's representative, if any \_\_\_\_\_

The one-time service fee of **\$75** to cover all dependents will be paid by:

Name: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_  
Date

09/01/2021

**DEPARTMENT DECLARATION:**

We, the undersigned, certify that we have read and understand the current "Background Information on J- 1 Scholars" provided by UB Immigration Services ("UBIS") on its web site (<http://www.buffalo.edu/immigration-services/services/J-1Scholars0.html>) and agree to abide by the terms and conditions of the U.S. Department of State's Exchange Visitor Program as administered by the University at Buffalo. As the University's sponsor of the scholar, we shall:

- 1) a) Ensure that the scholar's activities are consistent with the program objective(s) as described on the Form DS-2019. b) Be responsible for payment of the UBIS Service fee if J-1 Scholar is unable to pay.
- 2) Ensure that the scholar attends the J-1 orientation, offered by UBIS weekly, upon arrival as required by the Department of State. Call (716) 645-2355 or 645-5550 for date, time, and location. For programs lasting less than 30 days, we promise to ensure that the scholar attends the J-1 orientation no later than seven (7) calendar days after the start date listed on the DS-2019.
- 3) Refer the scholar to UBIS and contact UBIS by e-mail ([immsvcga@buffalo.edu](mailto:immsvcga@buffalo.edu)) whenever necessary to ensure that the scholar and any accompanying dependents obtain and maintain health insurance that meets the minimum requirements of the Department of State and State University of New York.
- 4) Notify UBIS of any change in the **scholar's address or e-mail** via e-mail ([immsvcga@buffalo.edu](mailto:immsvcga@buffalo.edu)) within fifteen (10) calendar days of the change of address.
- 5) Notify UBIS via e-mail ([immsvcga@buffalo.edu](mailto:immsvcga@buffalo.edu)) of the anticipated completion or termination of the scholar's program at least fifteen (30) calendar days **before** such a change.
- 6) Notify UBIS via e-mail ([immsvcga@buffalo.edu](mailto:immsvcga@buffalo.edu)) of the anticipated transfer of the scholar to another J-1 sponsor **at least 30 calendar days before the effective transfer date.**
- 7) Monitor the physical work location (site of activity), obtain prior written permission from UBIS to add a new work location for the scholar, and monitor the progress and welfare of the scholar. Assist him/her whenever necessary in order to ensure successful completion of the program.
- 8) Ensure that the scholar is exposed to cross-cultural activities while he or she is at UB. A cross-cultural activity is an activity designed to promote exposure and interchange between exchange visitors and Americans so as to increase their understanding of each other's society, culture, and institutions.

***Signatures of BOTH FACULTY AND PRIMARY CHAIR/ DEAN are required.***

Faculty Member Requesting DS-2019 Form

|                     |              |
|---------------------|--------------|
| Name _____          | Title _____  |
| Dept. Address _____ | Phone _____  |
| Signature _____     | E-mail _____ |
| Date _____          |              |

Approval of Primary Departmental Chair or of Dean

|                            |              |
|----------------------------|--------------|
| Name _____                 | Title _____  |
| Departmental Address _____ | Phone _____  |
| Signature _____            | E-mail _____ |
| Date _____                 |              |



Upon Completion of DS-2019 Form (**check only one**)

A pre-paid UPS Mailing label is included for the DS-2019 packet to be mailed directly to Scholar.

UB Immigration Services will mail the DS-2019 form by **campus mail** to the faculty member requesting the DS-2019. Please provide full address. Once received, the faculty member can mail to the scholar.

***If you have any questions, please call Cinthya Koudounas, UB Immigration Services at 645-2355.***

09/01/2021