



REQUEST FOR FORM DS-2019

The form must be completed before a DS-2019 Certificate of Eligibility for a J-1 or J-2 visa may be issued. The completed and signed document and all supporting documents should be returned to the Office of International Studies and Programs

Please include the following:

- Legible copy of the participant’s passport identity page (no digital photographs)
- If applicable, legible copies of any dependents’ passport identity pages (no digital photographs)
- Financial certification letter (if not funded by CWU)
- If applicable, copies of previous J-1 and/or J-2 DS-2019 Forms

Visa Type and Category:

- Short-Term Scholar (research or teaching for 6 months or less)
- Research Scholar (research or teaching for more than 6 months)
- Professor (teaching for more than 6 months)
- Student Intern (special regulations and additional requirements apply)

Program Dates:

Start Date:

(MM/DD/YYYY)

End Date:

(MM/DD/YYYY)

Site(s) of Activity

If applicable, please identify the names and addresses of all approved sites of activity *other* than the main CWU campus in Ellensburg:

Office of International Studies and Programs

PARTICIPANT INFORMATION (Enter all information as it appears on passport.)	
Family Name(s):	
Given Name(s):	Middle Name(s):
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: (MM/DD/YYYY)
City of Birth:	Country of Birth:
Country of Citizenship:	Country of Legal Permanent Residence:
Position in Home Country: <input type="checkbox"/> Student <input type="checkbox"/> Researcher <input type="checkbox"/> Professor <input type="checkbox"/> Other (please specify): _____	
Telephone:	Email:
<p>Is the scholar or student currently in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, what is the scholar or student's current visa status and, if J-1, category? Include scholar or student's past and current legal documents (e.g. DS-2019 form, I-94, I-797 approval, etc.)</p>	
<p>Has the <i>scholar</i> previously participated in a J-1 <u>OR</u> J-2 program within the past 24 months? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, include all previous DS-2019 forms. Exception: If extending a CWU J-1 Scholar, omit DS-2019 forms.</p>	
<p>Will any dependent(s) accompany the scholar or student? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, complete the appropriate section below. Include a scanned copy of any dependents' passports and appropriate additional funding. Only a spouse or unmarried child under the age of 21 may qualify as a dependent.</p>	

FINANCIAL INFORMATION			
Financial certification <u>in English</u> and in <u>U.S. dollars</u> is required for financial support not provided by CWU. If a funding document does not list funding in U.S. dollars, a conversion must be submitted. Scholars and students must provide at least \$1400/month proof of funding for self, \$800/month for spouse, and \$400/month for each child.			
Funding Source	Amount Per Month	Number of Months	Total Amount
Central Washington University			
U.S. Government Agency (Specify Below):			
Scholar's Home Government (Specify Below; i.e. China Scholarship Council):			
Other 1 (Specify Below; i.e. home institution, etc.):			
Other 2 (Specify Below; i.e. home institution, etc.):			
Other 3 (Specify Below; i.e. home institution, etc.):			
Other 4 (Specify Below; i.e. home institution, etc.):			
Other 5 (Specify Below; i.e. home institution, etc.):			
Personal Funds			
Total <u>Required</u> For Program:			
Total Scholar Has For Program:			

DEPENDENT INFORMATION	
Only complete this section if requesting a J-2 DS-2019. Only a spouse or unmarried child under the age of 21 may qualify as a dependent. Enter information as it appears on passport and attach additional pages if necessary.	
1.	Family Name(s):
Given Name(s):	Middle Name(s):
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Child

Date of Birth: (MM/DD/YYYY)		City of Birth:	
Country of Citizenship:		Country of Legal Permanent Residence:	
2.	Family Name(s):		
Given Name(s):		Middle Name(s):	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Child	
Date of Birth: (MM/DD/YYYY)		City of Birth:	
Country of Citizenship:		Country of Legal Permanent Residence:	
3.	Family Name(s):		
Given Name(s):		Middle Name(s):	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Child	
Date of Birth: (MM/DD/YYYY)		City of Birth:	
Country of Citizenship:		Country of Legal Permanent Residence:	
4.	Family Name(s):		
Given Name(s):		Middle Name(s):	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Child	
Date of Birth: (MM/DD/YYYY)		City of Birth:	
Country of Citizenship:		Country of Legal Permanent Residence:	

MANDATORY INSURANCE

Both federal regulations (22 C.F.R. Part 62, Section 62.14) and CWU policy (CWUP 2-20-100) require all J visa holders to have valid health insurance while enrolled with the university. Students may satisfy this requirement with coverage from any provider, so long as the policy meets all minimum coverage requirements identified by CWU. Those requirements, possible US-based providers and the process for verifying coverage for CWU may be found here: <http://www.cwu.edu/international-programs/international-student-insurance>.

Federal regulations place the further requirements on the policy and its underwriter:

“(d) Any policy, plan, or contract secured to fill the above requirements must, at a minimum, be:

- (1) 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; or such other rating as the Department of State may from time to time specify; or
- (2) Backed by the full faith and credit of the government of the exchange visitor’s home country; or
- (3) Part of a health benefits program offered on a group basis to employees or enrolled students by a designated sponsor; or
- (4) 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.”

CERTIFICATION BY SCHOLAR OR STUDENT

I hereby attest that all information I have given above is true and accurate to the best of my knowledge and the copies of the documents that I have submitted are exact photocopies or scans of unaltered original documents. I understand that I may be required to submit original documents to an immigration, consular, or CWU school official at a later date.

I understand that I must arrive at CWU and meet with OISP within 30 days of the start date printed on my DS-2019 and must notify OISP at the earliest possible time if unable to do so.

Printed Name:

Signature:

Date: