

Georgetown University J-1 Request Form for Scholars

Please allow one week for processing and mailing the completed DS-2019 form.

<p><i>Please enter your name as it appears in your passport:</i></p> <p>Family Name: _____</p> <p>First Name: _____</p> <p>Middle Name: _____</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Date of Birth (month/day/year): ____/____/____</p>	<p><i>Purpose of Request:</i></p> <p><input type="checkbox"/> New J-1 (for someone not currently in J-1 status), accompanied by ____ (#) dependents</p> <p><input type="checkbox"/> Extend Georgetown-sponsored J-1 : includes ____ (#) dependents (<i>Attach copy of DS-2019</i>)</p> <p><input type="checkbox"/> Transfer to GU J-1 visa (<i>Attach copies of all DS-2019s</i>) Current sponsor: _____</p>
City of Birth: _____	Country of Birth: _____
Country of Citizenship: _____	
Country of Legal Permanent Residence: _____	
Position/occupation in home country: _____	
Dates covered by this request: From ____/____/____ to ____/____/____	
<p>Activity at Georgetown:</p> <p><input type="checkbox"/> Professor (Teach courses at Georgetown; some research; 5 year limit total stay in J-1 status; transfer possible only if held J-1 less than 5 years, 2 year repeat participation bar)</p> <p><input type="checkbox"/> Research Scholar (Conduct research at Georgetown; some teaching possible; 5 year limit total stay in J-1 status; transfer possible only if held J-1 less than 5 years, 2 year repeat participation bar)</p> <p><input type="checkbox"/> Short-Term Scholar (Research or teaching; 6 month limit; no extensions beyond 6 months)</p> <p><input type="checkbox"/> Specialist (Observe U.S. institutions, share techniques, etc.; 1 year limit; no extensions)</p>	
One sentence summary of research topic and/or teaching responsibilities at Georgetown: _____	
Department Name: _____	Campus: <input type="checkbox"/> Main <input type="checkbox"/> Law <input type="checkbox"/> Medical
<p>Financial support for duration of program. <i>Provide documentation, in English, of funding for any non-Georgetown financial support (grant award letters, letters from home employer, bank statements, etc.)</i></p> <p><input type="checkbox"/> a. \$ _____ per _____ Georgetown Funding</p> <p><input type="checkbox"/> b. \$ _____ per _____ U.S. government agency (name: _____)</p> <p><input type="checkbox"/> c. \$ _____ per _____ International Organization (name: _____)</p> <p><input type="checkbox"/> d. \$ _____ per _____ Home Government</p> <p><input type="checkbox"/> e. \$ _____ per _____ Binational Commission of the visitor's country</p> <p><input type="checkbox"/> f. \$ _____ per _____ All other organizations (name: _____)</p> <p><input type="checkbox"/> g. \$ _____ per _____ Personal Funds</p>	
<p>NOTE: Federal regulations require that a J-1 submit evidence of the ability to provide minimum living expenses for him/herself and any dependents in the United States while affiliated with Georgetown University. The minimum level of funding per month is \$1,800 if he/she is coming without dependents. An additional \$900 per month is needed for the spouse and \$450 per child.</p>	

Additional Information About the Exchange Visitor

Current Address (DS-2019 will be mailed to this address): _____

Valid until (month/day/year): _____

Telephone: _____

Fax: _____

E-mail: _____

Prior stays in J status (if applicable): [] J-1 [] J-2, Dates for either status: _____

Prior J Category: _____

Will you be visiting other schools or universities while at Georgetown: [] No [] Yes

If yes, please give names and dates: _____

Complete this section *only* if currently in the United States:

Current non-immigrant status: _____ Status Expiration date: _____

Passport Number: _____ Passport Expiration date: _____

Country issuing passport: _____ I-94 card number: _____

Georgetown ID or U.S. Social Security number: _____

Dependent Information

List any dependents (husband, wife, unmarried children under the age of 21) that will come with you to the United States in J-2 status. Please also include a copy of the biographic page of the passport for each dependent. If you would like dependents to join you later, please contact your international advisor after your arrival.

Spouse: _____
 (Family Name) (First Name) (Middle Name) (Gender) (Date of Birth: MM/DD/YR)

 (Country of Citizenship) (City of Birth) (Country of Birth) (Country of Perm. Residence)

Child 1: _____
 (Family Name) (First Name) (Middle Name) (Gender) (Date of Birth: MM/DD/YR)

 (Country of Citizenship) (City of Birth) (Country of Birth) (Country of Perm. Residence)

Child 2: _____
 (Family Name) (First Name) (Middle Name) (Gender) (Date of Birth: MM/DD/YR)

 (Country of Citizenship) (City of Birth) (Country of Birth) (Country of Perm. Residence)

Child 3: _____
 (Family Name) (First Name) (Middle Name) (Gender) (Date of Birth: MM/DD/YR)

 (Country of Citizenship) (City of Birth) (Country of Birth) (Country of Perm. Residence)

Information about the Department

J-1 Scholar Position title:

Location where research and/or teaching will take place (street address, not PO Box):

Host Professor/Supervisor:

Telephone Extension:

Department Administrative Contact:

Telephone Extension:

Information on Mandatory Insurance Requirements

- Check one: This individual will be eligible for participation in the insurance plans offered by Georgetown to its employees.
- This individual will not be covered by the Georgetown health plans. Instead he/she will obtain insurance independently.

All J-1 non-immigrants must maintain health insurance that is valid throughout their period of stay in J-1 status. As mandated by Federal law, this insurance must cover up to \$50,000 in medical expenses (minimum) for the J-1 and any J-2 dependents. If a J-1 and/or any accompanying dependents do not have sufficient medical insurance from abroad, and do not qualify for participation in one of the GU employee plans, it must be purchased in the United States.

Instructions regarding mailing of the DS-2019

- New J-1:** Call department for pick-up of the DS-2019: _____ (name & extension)
- Mail the DS-2019 directly to the Exchange Visitor via U.S. mail or Airmail to address on pg. 2
- Send via FEDEX (FEDEX account # _____, Cost Center _____)

Address form(s) are to be sent to (if different from address on pg. 2):

Extensions: Call the J-1 status holder at _____ to arrange for final processing of the extension.

DEPARTMENT DECLARATION:

In compliance with federal regulations governing the J-1 Exchange Visitor Program, we certify that, to the best of our knowledge, the information contained in this request form is true and accurate. Furthermore, we certify:

1. We have verified that the individual has the financial support listed on the application, that these resources are adequate to complete the program and to support the individual and any accompanying dependents in accordance with the amounts on page 1 of this form.
2. That the individual's program of research/teaching is consistent with his/her professional background and experience; and
3. That he/she has sufficient proficiency in the English language to participate in the program.

As the University sponsor of the scholar, we agree that we will:

1. Ensure that the scholar attends orientation at OIP **within 30 days** of the start date of the DS-2019;
2. Ensure that the scholar's activities at Georgetown are consistent with the objectives listed on his/her DS-2019;
3. Monitor the progress and welfare of the scholar, providing any assistance/advice needed to facilitate the successful completion of the program;
4. Ensure that the scholar obtains and maintains a health insurance policy for him/herself and his/her dependents for the duration of his/her J-1 program at Georgetown;
5. Notify the OIP of any changes in the scholar's address or program including employment or payment not listed on the scholar's DS-2019 **within 10 days** of such a change; and
6. Notify OIP in writing when the scholar has completed or withdrawn from the program prior to the ending date on his/her DS-2019.

If this J-1 request is submitted for a Foreign Medical Graduate, the program meets the following requirements:

1. The program is predominantly involved with observation, consultation, teaching, or research.
2. Any incidental patient contact will be under the direct supervision of a U.S.-licensed faculty member.
3. The Foreign Medical Graduate, will not be given final responsibility and decision-making on diagnosis and treatment of patients; and
4. Any activities of the Foreign Medical Graduate will conform to State regulations or licensing requirements for medical health care professions in the State in which the Foreign Medical Graduate is pursuing the program.
5. Any experience gained in this program will not be creditable towards any clinical requirements for medical specialty board certification.

Required Signatures

Please note this request cannot be processed without all required signatures.

Department administrator:

Date:

Supervisor/Host professor:

Date:

Department Chair:

Date:

ATTACHMENTS:

Medical Center:

- CV and diplomas with English translation
- Copy of official offer letter, if paid by GU
- Financial documentation, if not paid by GU
- Copy of biographic page of passport

Main Campus & Law Center:

- CV
- Copy of appointment letter or invitation letter
- Financial documentation, if not paid by GU
- Copy of biographic page of passport

Return completed signed form to:

Office of International Programs
 Box 571013, 2 Poulton Hall
 Washington, DC 20057
 Tel. 202-687-5867
 Fax. 202-687-5944

Financial Supplement

Federal regulations require applicants for J-1 status who are not paid by Georgetown University to submit evidence of financial resources for the proposed period of teaching or research. A J-1 scholar must demonstrate a minimum of \$1,800 per month for living expenses. If J-2 dependents will accompany the scholar, an additional \$900 per month is needed for the spouse and \$450 for each child.

Financial documentation should be submitted to the GU department with the employee portion of the J-1 Request Form. Original financial documentation is NOT required. Both the form and the financial documentation may be sent to the GU host department via postal mail, email, or fax. All official documentation (bank letters, sponsorship letters, etc.) must be issued on official letterhead.

OIP will accept the following types of financial documentation:

- **Documentation of Personal Funds:** A letter or a recent bank statement (less than six months old) from the financial institution in which you have funds. The letter or bank statement should be **in English** and indicate the present balance in numeric figures. (Please see sample letter below) We are unable to accept computer printouts from online banking sites.
- **Documentation of Family Funds:** A letter of support from an individual who intends to provide for your expenses. The letter must be **in English** and indicate the amount of funds to be provided and the duration of the support (Please see sample letter below). A recent bank statement (less than six months old) or a letter **in English** from the financial institution in which your family member has funds must also be provided.
- **Documentation of Funds from a Sponsoring Organization:** A letter from a sponsoring organization **in English** that indicates the amount of funds to be provided to you and the duration of the award.
- **Documentation of Monthly Salary:** A letter from your current employer **in English** stating your monthly salary and confirming that you will continue to receive this salary during your period of research or teaching at Georgetown.

SAMPLE LETTER FROM RELATIVE

Date

Georgetown University
Office of International Programs
1421 37th Street, NW
Washington, DC 20057-1013

Dear Sir/Madam:
Please be advised that I, Mr. John Smith, father of prospective Georgetown J-1 scholar Jane Smith, will be financially responsible for my daughter's living expenses for the duration of her J-1 status at Georgetown University. I will provide US \$19,680 during her stay in the United States.

Sincerely,

John Smith

SAMPLE LETTER FROM BANK

Date

Georgetown University
Office of International Programs
1421 37th Street, NW
Washington, DC 20057-1013

Dear Sir/Madam:
Our records indicate that Mr. John Smith has a personal account with our bank and maintains a current balance of US \$50,000.

Sincerely,

Robert Brown
Bank Manager