Request for J-1 Visa Certificate (Form DS-2019) For Visiting Scholars

INTERNATIONAL SERVICES, LOUISIANA STATE UNIVERSITY
101 Hatcher Hall Phone: (225) 578-3191 Fax: (225) 578-1413

This form is used to request a Certificate of Eligibility for Exchange Visitor Visa (J-1) status/ Form DS-2019, a document issued by International Services to foreign faculty and researchers for their use in applying for a J-1 visa at the US consulate abroad and to apply for admission to the United States. This form should be completed by the host department, signed by the department head, and sent to the International Services for processing.

The purpose of the J-1 Exchange Visitor Program is to provide foreign nationals with opportunities to participate in educational and cultural programs in the United States and return home to share their experiences. Although the J-1 category allows employment in certain circumstances, its purpose is to promote international exchange. Therefore, the J-1 Exchange Visitor category is not to be used for the sole purpose of employment. Individuals accepting tenure-track or permanent positions will not be employed under J-1 status. The J-1 is not appropriate for activities that involve clinical patient care, including animal patients.

SECTION I: GENERAL INFORMATION

1. Exchange Visitor's Name (Family, First, Middle)					
2. Dates of visit (MM	I/DD/YR): From:	To:			
3. Host Department:					
5. Department Contact	et:				
		E-Mail:			
7. Host Professor/Spo	onsor:				
8. Phone:		E-mail:			
9. Is there a possibilit	y that visitor will extend s	stay beyond dates given above?			
If yes, what is the ma	ximum anticipated timefra	ame?			
Please explain:					
		HRM (J-1 visa will not be used for tenure track			
positions; or position	s that require animal or h	uman patient contact):			

Attach copies of approved WorkDay form; State N/A if WorkDay entry is not applicable
SECTION II: EXCHANGE VISITOR AND PROGRAM INFORMATION
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11. Gender (Male / Female): Date of Birth (MM/DD/YR):
12. City of Birth: Country of Birth:
13. Country of Citizenship: Country of Permanent Residence:
14. Occupation and employer in country of legal permanent residence:
15. Research area:
16. In which country and city will the visitor apply for the J-1 visa?
17. Has the visitor held J-1 or J-2 immigration status at any institution in the past 24 months?
Yes No
If yes, give dates and location and attach copies of current and / or previous forms DS-2019.
18. Will visitor be going to other institutions as well? Yes No
If yes, give location and dates
19. Will visitor be accompanied by spouse or children? Yes No
If yes, give names, dates of birth, and places of birth, in the DEPENDENT INFORMATION section.
20. Visitor's e-mail address:
21. Visitor's home address:
22. If the visitor is a graduate student in the home country, are they coming through an agreemen
between the home institution and LSU?YESNO
23. If yes, please provide brief information (if available) about the agreement
24. Is the visitor coming through an individual agreement between the student and the LSU faculty

_____YES_____NO

to participate in educational and cultural progra and to encourage Americans to participate in ed	rogram is to provide foreign nationals with opportunities ams in the US, and return home to share their experiences; ducational and cultural programs in other countries.
	pose of the visitor's visit to LSU. Attach additional objective of the visit (e.g. letter of intent, invitation letter,
full job or program description, etc.).	(g,,,,,
SECTION III: FUNDING INFORMATION	<u>1</u>
funding. The documentation may be in the formula funding organization specifying the dates and to the minimum amount of money required for little principal J-1 Visa holder. If dependents will	ring the visit. Provide documentation of any NON-LSU m of bank letters, if personally funded, or a letter from the total amount of funding. Eving expenses and insurance is \$1,300.00 per month for accompany the scholar, documentation showing and \$3,000.00 per child for the initial exchange period must
SOURCE	AMOUNT
LSU	\$
Visitor's Government	\$
Other Organizations	\$
Personal Funds	\$
SIGNATURE OF PERSON WITH HIRING	GAUTHORITY
Department Head's Name:	
Signature	
Date	

SECTION IV: DEPENDENT INFORMATION

1. Name:			
FAMILY 2. Male / Female	FIRST _ Date of Birth:	MIDDLE MM/DD/YR	
3. Place of Birth: City: _	Country:		
4. Citizen of:	Legal Permanent Resident of:		
5. Relationship to visitor	r:		
FAMILY	FIRST _ Date of Birth:	MIDDLE	
3. Place of Birth: City:	Country:		
	Legal Permanent Resident of:		
	::		
FAMILY	FIRST _ Date of Birth:	MIDDLE	
3. Place of Birth: City: _	Country:		
4. Citizen of:	Legal Permanent Resident of:		
5. Relationship to visitor	r:		
1. Name:FAMILY	FIRST	 MIDDLE	
	Date of Birth:		
3. Place of Birth: City: _	Country:		
	Legal Permanent Resident of: _		
5. Relationship to visitor	::		