



J-1 EXCHANGE VISITOR INFORMATION SHEET

For issuance of Form DS-2019 the following information must be provided. For J-1 Exchange Visitors (EV) who will be transferring, include copies of their previous DS-2019 form(s), J-1 Visa, and I-94 Record. The requesting department agrees to pay to ISSS a **non-refundable fee of \$500 plus \$100 per additional dependent** for this service.

A copy of the **passport ID page** is required with this form for **all visitors and dependents**.

EXCHANGE VISITOR CATEGORY

Exchange Visitor will be a (please choose only one):

Professor

Research Scholar

Short-term Scholar

Student Intern

A quick comparison of all J-1 exchange visitor program categories, including maximum program duration and repeat participation requirements, may be found on the U.S. Department of State's BridgeUSA website, here: <https://j1visa.state.gov/wp-content/uploads/2017/06/Exchange-Visitor-Program-Category-Requirements.pdf>

For the Professor / Research Scholar categories, please note that the exchange visitor may not return on a J visa for 24 months after the program ends regardless of the 212(e) waiver.

EXCHANGE VISITOR INFORMATION

Name: First/Given _____ Middle _____

Last/Family _____ **DOB (MM/DD/YYYY):** _____

Place of Birth: City _____ Country: _____

Country of Citizenship: _____ Country of Legal Permanent Residence: _____

Permanent Address:

Street, House, Apartment

City, State/Province

Country, Postal Code

Phone with Country Code: _____ Additional Phone: _____



Email Address: _____

Has the EV visited America in the last 24 months? yes no If yes, on what date? _____

Job or position in home country:

- ☐ Student
☐ Professional
☐ Academic (including teaching staff & researchers)
☐ Other (please specify): _____

EXCHANGE VISITOR PROGRAM DETAILS

Exchange dates*:

Start date: _____ End date: _____ (MM/DD/YYYY)

Field of study or research: _____

Description of duties/research/teaching: _____

Direct supervisor: Name/Title: _____

Dept: _____ Phone: _____

ACCOMPANYING DEPENDENTS INFORMATION

Name	Gender	Date of Birth (MM/DD/YYYY)	City and country of birth	Country of Citizenship	Country of Legal Residence

PROOF OF FUNDING

Describe how this exchange will be funded and provide proof of funding via letters of scholarship, offers, bank accounts, etc. **ISSS recommends \$1,800 per month minimum to cover living expenses and an additional \$500 per month per dependent.**

Host university \$ _____

Personal funds* \$ _____

Other source \$ _____ Name(s) of other sources: _____

Total funds available \$ _____

Are any funds from the U.S. Government? ☐ Yes / ☐ No

If yes, which agency? _____

****** If the exchange visitor will be offered employment as part of their program, the offer letter must include the exchange visitor's salary, hours, start and end dates job responsibilities, activity site if different from the university campus, and any benefit packages included. Additional regulations for employment are applicable to [visitors seeking employment](#). Additionally, the hosting institution must confirm that any employment offered:

- Is under the supervision of the hosting university,
- is directly related to the objectives of the exchange visitor program, and
- is incidental to the primary program activities.

FEES

The ISSS Office charges a processing fee of \$500 per Exchange Visitor and \$100 per dependent (if applicable). In addition, a \$200 maintenance fee will be charged at the beginning of each subsequent year the Exchange Visitor remains at TXST. The ISSS Office encourages host departments to cover these fees as a courtesy to invited scholars; however, self-funded scholars will have the option to pay these fees themselves. Fees must be processed before a DS-2019 can be created.

Please indicate the party responsible for fee payment: TXST Host Department
 Scholar (self-funded programs only)

If the host department is paying, please provide the following details to authorize an eIDT:

Exchange Visitor: **\$500**
_____ dependents x **\$100** = _____

Cost Center: _____
Fund: _____

Total Charge: _____

Authorized by: _____ Title _____

Printed Name : _____