

DS-2019 Request Form for J-1 Exchange Students

UTSA Sponsoring Department Checklist

What to provide to International Student Services to obtain a DS-2019 Form

- Admission packet including student's acceptance letter
- Completed and signed DS-2019 Request Form
- Copy of student's passport biographic data page
- Financial supporting documents

The UTSA department must mail the completed J-1 visa packet to the J-1 exchange student in his or her home country.

Important Information for UTSA Departments and Exchange Visitors

- J-1 exchange visitors must ensure compliance with J-1 visa federal requirements.
 - J-1 exchange visitors must have health insurance which meets the minimum requirements specified at 22 C.F.R. § 62.14 and UT system health insurance requirements.
 - J-1 exchange visitors must be registered for full-time hours at the University of Texas at San Antonio.
 - J-1 exchange visitors must attend New International Student Orientation to report their arrival in the United States.
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UTSA Sponsoring Department Information

1. UTSA Department: _____
2. Projected Dates of Program Participation (mm/dd/yyyy): Arrival _____ End Date: _____
3. Level of Study: BA/BS MA/MS PhD Intensive English Program 4. Site of Activity: _____
5. Academic disciplinary field of study: _____
6. Brief Description and field of activity that the Exchange Visitor will engage in under the program.
The Exchange Student will _____
7. Contact Person in the Department: Name _____ Ext.: _____
Title: _____ Email: _____
8. Choose delivery method for the DS-2019 packet below: Department Pick-up at OIP front desk Campus mail to Department

A DS-2019 form will be prepared within two (2) weeks after International Student Services receives all the required items. If you have any questions regarding this form, please contact International Student Services at (210) 458-7202 or email International.Services@utsa.edu.

Part I. Exchange Visitor Information

To be completed by the prospective J-1 visa exchange visitor

Complete all questions. If a question does not apply, write N/A for not applicable. Ensure that all names appear exactly as shown in your passport. A copy of passport must be attached to this Request Form.

Biographical Information

1. _____
Last name First name Middle name

2. Date of Birth: (mm/dd/yyyy) _____ 3. Gender: Male Female

4. Place of Birth: City/Town _____ State/Province _____ Country _____

5. Country of Legal Permanent Residence: _____ 6. Country of Citizenship: _____

7. Highest Degree completed: BA/BS MA/MS MD PhD Other: _____ Area of Study: _____

8. Current Position/Occupation in Country of Permanent Legal Residence: _____
 Please be as **specific** as possible. For example, if exchange visitor is a student in home country, please specify if they are a graduate or undergraduate student.

9. If employed, title and name of employer/organization in country of legal permanent residence.

Title Name of Employer/Organization

10. Is this a Government Organization? Yes No If yes, identify: Central Government State Government or City Government

11. Have you ever been in the U.S. on a J-1 visa? Yes No If yes, indicate time period: From _____ to _____

12. Are you currently in the U.S.? Yes No If yes, what is your visa type: _____

13. Telephone Number: _____ 14. Email Address: _____

15. If currently in the U.S., what is your current address in the U.S.? _____
No. and Street

City State Country Zip

Financial Information

By law J-1 exchange visitors must have financial arrangements covering the expected period of stay for themselves and any accompanying dependents. The minimum amount of funding must total \$1500/month for the J-1, plus an additional \$500/month for a J-2 spouse and an additional \$300/month for each J-2 child.

Projected Dates of Program Participation (mm/dd/yyyy): Arrival _____ End Date: _____

Estimated Expenses: Total amount \$ _____ = \$1500 X () months + {(\$500 X () months) + (\$300 X () months)}

Source of Fund: Supporting financial documents must be attached to this request form. All documents must be in English and include U.S. currency.

- UTSA Funds Amount: \$ _____ Attach award letter specifying the amount, period, and other stipulations.
- Personal Funds Amount: \$ _____ Attach bank statements or letters on bank letterhead and signed by a bank official. The statements or letters must state the name of the account holder, account number, type of

currency, final balance in the account, and the issue date of the statements or letters. The issue date must be within 6 months of the term for which the student was admitted.

Non-UTSA Funds Amount: \$ _____ Organization _____

Attach letter specifying the amount, period, and other stipulations.

Non-UTSA Funds Amount: \$ _____ Organization _____

Attach letter specifying the amount, period, and other stipulations.

Total Support: Amount: \$ _____

Certification of Agreement by Student

I certify that the above financial information provided is correct and complete and that I shall not require additional financial assistance from The University of Texas at San Antonio (UTSA). If any of the information changes prior to my enrollment at UTSA, I will immediately notify UTSA Office of International Programs/International Student Services. I understand that making false or fraudulent statements may result in disciplinary action and that UTSA will not bear any financial responsibilities arising from these circumstances.

Student Signature: _____ Date: _____

Certification of Agreement by Sponsor (For students with personal funds)

I certify that I am able and willing to provide financial support to the applicant for the total amount of U.S. \$ _____ while she/he studies at UTSA.

Sponsor Signature: _____ Sponsor Name: _____ Date: _____

Sponsor's Address: _____

Dependent Information

If your spouse and/or child/ren under the age of 21 will accompany you with a J-2 visa, complete the following section. Use additional sheets if necessary.

Number of accompanying dependents (spouse, child/ren under the age of 21: _____

	Dependent 1	Dependent 2	Dependent 3
Last Name			
First Name			
Middle Name			
Date of Birth			
City of Birth			
Gender			
Relationship (spouse or child)			
Country of Birth			
Country of Citizenship			
Country of Legal Permanent Residence			

Insurance Information

All J-1 and J-2 exchange visitors must maintain medical, evacuation and repatriation insurance coverage as listed below. Evidence of insurance coverage must be presented at the New International Student Orientation and must be for the entire expected period of J-1 program participation.

Your SEVIS record will not be validated until you provide International Student Services with evidence of insurance coverage.

- 1) Medical benefits of at least U.S. \$100,000 per person per accident or illness;
- 2) Repatriation of remains in the amount of U.S. \$25,000; and
- 3) Expenses associated with medical evacuation in the amount of \$50,000;
- 4) Deductible of no more than U.S. \$500

Any policy plan or contract must be at minimum underwritten by an insurance corporation having: 1) an A.M. Best rating of "A-" or above, 2) an Insurance Solvency International, Ltd. rating of "A-" or above, 3) a Standard and Poor's Claims-paying Ability rating of "A" or above, or 4) a Weiss Research, Inc. rating of "B+" or above.

A willful failure to maintain insurance requirements is considered to be a violation of the Exchange Visitor Program and may result in immediate termination of your program participation.

Student Statement

I hereby certify that I am aware of the health insurance requirement and that my dependents, if applicable, and I will comply with the health insurance requirement. Furthermore, I understand that I must provide proof of insurance for medical, repatriation and evacuation when I report to the International Student Services for my mandatory New International Student Orientation. Insurance will be purchased for the entire period of my J-1 program as indicated on the DS-2019 Form. I understand that my program participation will not begin until I provide this information to International Student Services.

Student Signature: _____ Date: _____