

# REQUEST FORM FOR CERTIFICATE OF ELIGIBILITY (DS-2019) FOR J-1 VISA STATUS

Dashew Center for International Students and Scholars (DCISS)  
106 Tom Bradley International Hall, UCLA, Los Angeles, CA 90095

Website: [www.internationalcenter.ucla.edu](http://www.internationalcenter.ucla.edu)  
Phone: (310) 825-1681, Fax: (310) 206-1612

**NOTE: EXCEPT FOR DEGREE STUDENTS, A FEE (SUBMITTED ON UCLA DEPARTMENTAL RECHARGE FORM) IS REQUIRED TO PROCESS DS-2019 FORMS FOR EXCHANGE VISITORS (EV) IN SHADED AREAS IN SECTIONS "A" AND "D". SEE WEBSITE FOR CURRENT FEES AND MORE DETAILS. NO OTHER FORM OF PAYMENT WILL BE ACCEPTED.**

**Type or print clearly. See reverse side for eligibility requirements.** Read the attached instructions and complete all items. Obtain the signature of the UCLA Department Chair and faculty advisor, attach resume and a completed and signed UCLA department Recharge Form (P39 form) to be submitted by the Department, picture page of passport(s), evidence of financial support. Return the form to DCISS - "Attn: Mr. L.B. Tillakaratne". Processing time is 10 working days. The **department** will be notified when the DS-2019 is completed.

## A. Purpose of this DS-2019:

1.  **Begin New Program**, or change visa to J-1, accompanied by  family member[s].
2.  **Transfer of J-1 visa to UCLA** from another U.S. institution.  
When did the Exchange Visitor begin the J-1 visa at the other institution? |  |  |  |  
EV's previous J-1 visa category at the other institution (in Box 4 on last DS2019)?
3.  **Extension of stay** to continue an ongoing program.
4.  **Separate entry** of  family member[s] -- **NO PROCESSING FEE**

**B. Exchange Visitor's Name:**  |  |   
LAST NAME (as appear in the passport) FIRST NAME MIDDLE NAME

Male <input type="checkbox"/>	Female <input type="checkbox"/>	City of Birth: <input type="text"/>	Country of Birth: <input type="text"/>
Birth date:   <input type="text"/>   <input type="text"/>   <input type="text"/>		Country of Citizenship: <input type="text"/>	Country of Permanent Residence: <input type="text"/>
Married: Yes <input type="checkbox"/> No <input type="checkbox"/>		Occupation in Home Country: <input type="text"/>	Employer: <input type="text"/>
Highest degree earned:		Bachelor <input type="checkbox"/> Masters <input type="checkbox"/> PHD <input type="checkbox"/> Other <input type="text"/>	Date awarded: <input type="text"/>
U.S. Address: <input type="text"/>		Permanent Address outside U.S.: <input type="text"/>	
<input type="text"/>		<input type="text"/>	
Phone: <input type="text"/>		Phone: <input type="text"/>	
E-mail Address: <input type="text"/>		E-mail Address: <input type="text"/>	

**C. Dates of Appointment:** From |  |  |  | To |  |  |  | (see Instructions)  
MM DD YY MM DD YY

## D. Appointment or primary activity while at UCLA/ J-1 Visa Category:

- Professor** (teach, lecture, observe, or consult on a non-tenure appointment; MA/MS/PHD required) - check eligibility on next page
- Researcher** (research, observe, or consult; MA/MS/PHD required) - check eligibility on next page
- Short-Term Scholar** (lecture, observe, consult, or demonstrate special skills for no more than 6 months; MA/MS/PHD required)
- Specialist** (an expert to observe, consult, or demonstrate special skills for no more than 1 year)
- Non-degree Student** (engaged full-time in a professional or certificate program or a non-degree objective course of study)
- Degree Student** (engaged full-time in a degree program - indicate degree expected) -- **NO PROCESSING FEE REQUIRED**

Subject of **studies, research, or teaching** at UCLA. (No more than 15 words)

**UCLA DEPARTMENT:**

**E. Financial Support** for the entire period covered by this form. Specify amounts in US dollars

UCLA: Department budget, grant, etc.	\$ _____
Payroll title: _____	
Is this a non-tenure track position? Yes <input type="checkbox"/> No <input type="checkbox"/>	
U.S. Government agency funds to <i>this</i> Exchange Visitor:	
Name of the Agency: _____	\$ _____
International Organization [e.g. UN, WHO, NATO] funds to <i>this</i> Exch. Visitor:	
Name of Organization(s): _____	\$ _____
Exchange Visitor's Government:	
Name of the Agency: _____	\$ _____
Other organizations/institutions in the U.S. or abroad:	
Name(s): _____	\$ _____
Personal funds [see instructions]	\$ _____

**F. Medical Insurance:** Who will cover the costs (check one):  UCLA  Exchange Visitor  Other (specify): \_\_\_\_\_

**G. Dependents coming or continuing in the U.S.** - DO NOT list dependents who hold U.S. Passports or were born in the U.S.

Name: Last, First, Middle	Relationship	City / Country of Birth	Date of Birth	Country of Residence / Citizenship
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**H. Does the Exchange Visitor pay a fee to participate in this program?**  Y  N if yes, an additional \$300 processing fee is required.

**I. UCLA faculty member under whose direction the Exchange Visitor's primary activity will be carried out:**

Name: _____	Title: _____
Campus Address: _____	Signature: _____
Mailcode: _____ E-MAIL: _____	Phone: _____

**J. CERTIFICATION and APPROVAL by DEPARTMENT CONTACT:**

I hereby certify that the information provided on this form is true and correct to the best of my knowledge.

_____	_____	_____
<b>NAME OF PERSON PREPARING THIS FORM</b>	<b>PHONE NUMBER</b>	<b>E-MAIL</b>
_____	_____	_____
<b>SIGNATURE</b>		<b>DATE</b>

**K. UCLA DEPARTMENT CHAIR'S APPROVAL:**

This certifies that the person named above is eligible, qualified and accepted to carry out, during the period specified in item C, the activity(ies) indicated. The department has verified the educational credentials and source(s) and amount of funding available.

_____	_____	_____
<b>CHAIR'S NAME</b>	<b>PHONE NUMBER</b>	<b>E-MAIL</b>
_____	_____	_____
<b>SIGNATURE</b>		<b>DATE</b>

<p>Visitor is <b>NOT ELIGIBLE</b> for J STATUS under the following circumstances:</p> <ol style="list-style-type: none"> <li>1. If he/she had completed a previous J program (eg. Specialist or Student) which lasted more than 6 months and now requesting a J status as a <b>RESEARCH SCHOLAR</b> or <b>PROFESSOR</b> to start a <b>NEW PROGRAM</b>, there must be a 12-month gap between the end date of the previous J/J2 program and starting date of the new J program.</li> <li>2. If he/she had completed a <b>previous J program</b> in the U.S as a <b>A PROFESSOR</b> or <b>RESEARCH SCHOLAR</b>, he/she is subject to a <b>24-MONTH BAR (gap) TO START A NEW J PROGRAM</b> as a <b>A PROFESSOR</b> or <b>RESEARCH SCHOLAR</b>.</li> <li>3. If he/she had applied for a an "H" class <b>VISA</b> or U.S.. <b>PERMANENT RESIDENT STATUS</b> (green card).</li> <li>4. If he/she had <b>applied for a Waiver of the Two Year Home Residence Rule</b> and <b>RECEIVED APPROVAL</b> notification from the State Department or the U.S. Citizenship and Immigration Service (USCIS).</li> <li>5. If the <b>STUDENT</b> is fully supported by <b>PERSONAL FUNDS</b>.</li> <li>6. If the position is <b>TENURE TRACK</b>.</li> </ol>
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