

## Important Information and Instructions for Completing the Department Request for DS-2019 Form

### **U.S. Immigration and Customs Enforcement**

1. It takes 1 - 2 months to obtain a US visa. The Department of Homeland Security (DHS) will assess an application fee prior to obtaining the J-1 visa. For information on the SEVIS fee go to: <https://www.fmjfee.com/i901fee/index.jsp>
2. **EV's must** enter the U.S. on or before 30 days from the start date listed on the DS-2019 document.
3. If the EV cannot arrive on or before the beginning date on the DS-2019 form NOTIFY OISS as the SEVIS record will need to be amended to reflect the new arrival date.
4. EVs **must** be prepared to show proof of health insurance for self and dependents (URI [if eligible] or other).
5. EVs and dependents **must** report to the Office of International Students and Scholars immediately upon arrival to the U.S. and the URI campus. Failure to report **will** result in the termination of their program (Homeland Security and Department of State regulation).

### **Exchange Visitors Categories**

6. **Professor:** EV cannot be placed "on a tenure track" teaching position. However, s/he could participate on a visiting capacity, on a normally tenure track position (temporarily).
7. **Research Scholar:** The research scholar may also teach or lecture, unless disallowed by the sponsor. EV cannot be placed "on a tenure track."

### **Extensions of DS-2019**

8. To extend a program, the OISS must receive an extension request form and proof of funding **no later** than 30 days prior to the expiration date on the EV's current DS-2019 document.

### **URI Processing Fee**

9. The OISS charges a flat processing fee of **\$200.00 (only for new applicants)** per Exchange Visitor to defray the registration fees paid by the University of Rhode Island to the Student and Exchange Visitor Information Service (SEVIS), introduced by the Department of Homeland Security after September 11, 2003.
10. Using an Internal Vendor Purchase Order, list **URI International Scholars** as the vendor to pay the fee.
11. Submit a copy of the Internal Vendor Purchase Order with the DS-2019 request to our office before we can complete the DS-2019 document.

**Miscellaneous:**

12. It is the departments responsibility to mail the Form DS-2019 to the EV. We will call you once the form(s) has/have been completed.
13. Notify the OISS once an exchange visitor has finished his/her program by calling 874-2395 or email to: [issoff@etal.uri.edu](mailto:issoff@etal.uri.edu). Failure to do so may result in complications for the EV when attempting to return in the same or another visa category to the United States (Homeland Security).

**Transfers from-to another American institution:**

14. OISS cannot generate a DS-2019 document for an EV' that is transferring their SEVIS record from another institution until that institution transfer the SEVIS record to URI/OISS.

**DEPARTMENT REQUEST FOR DS-2019 FORM FOR SCHOLARS AND PROFESSORS**

**SECTION A:** Provide information about the department requesting to bring the Exchange Visitor.

Date of this request: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of requestor: \_\_\_\_\_ Title: \_\_\_\_\_

Name of department: \_\_\_\_\_

Address of department: \_\_\_\_\_

Tel: \_\_\_\_\_ E-mail: \_\_\_\_\_

Dates of scholar's proposed employment: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

Dates of scholar's proposed extension request: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

*You will receive notification once the DS-2019 form has been completed for pick up.*

Choose one (only):     Professor                   Research Scholar

**Please provide a clear and relevant description of the duties for the prospective EV:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Financial support for the prospective exchange visitor will be provided by:**

- URI                  \$\_\_\_\_\_.00 USD
- OTHER              \$\_\_\_\_\_.00 USD              Name of agency: \_\_\_\_\_
- OTHER              \$\_\_\_\_\_.00 USD              Name of agency: \_\_\_\_\_
- PERSONAL          \$\_\_\_\_\_.00 USD

Please note that EVs who receive U.S. or home country government funds will be made subject to the 2-year home country requirement (Department of State). Funding from a grant disburse by URI does not fall under 2-year home country requirement. **Approval by both Dean and Department Chair (if applicable) is required.**

\_\_\_\_\_  
**Signature of Dean**                                          **Print/Type Name**                                          **Date**

\_\_\_\_\_  
**Signature of Chairman of Department**                                          **Print/Type Name**                                          **Date**

\_\_\_\_\_  
**Signature of Export Control Officer**                                          **Print/Type Name**                                          **Date**

**SECTION B:** Provide information about the prospective Exchange Visitor

Sex: Female Male

Date of birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
month day year

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Middle name: \_\_\_\_\_

City of birth: \_\_\_\_\_ Country of birth: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Country of permanent residence: \_\_\_\_\_

Tel: \_\_\_\_\_ E-mail: \_\_\_\_\_

Place of employment (in home country): \_\_\_\_\_

Title (in home country): \_\_\_\_\_

**SECTION D:** Provide dependent information only if accompanying the Exchange Visitor to URI

	<b>SPOUSE</b>	<b>CHILD</b>	<b>CHILD</b>	<b>CHILD</b>
Last name				
First name				
Middle name				
Sex				
Date of Birth				
City of birth				
County of birth				
Country of residency				
Country of citizenship				

Please mail or email this form to:

Office of International Students and Scholars  
 37 Lower College Road, Kingston, RI 02881  
 Tel: 401-874-2395 E-mail: [issoff@etal.uri.edu](mailto:issoff@etal.uri.edu)  
 Website: [www.uri.edu/global](http://www.uri.edu/global)