



Request for a DS-2019 Immigration Form (Form 3)
Exchange Visitor Program

Directions: Complete all items on both sides of this form and return it with the all required signatures. Please attach the following forms to this request for a DS-2019 Form 1) The departmental invitation or appointment letter; 2) The exchange visitor's curriculum vita; 3) Documentation of financial arrangements; 4) The Department's "Exchange Program Goals Statement Form;" 5) The Exchange Visitor "Biographical Information Data Form"

1. Exchange Visitor's Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_
Male \_\_\_\_\_ Female \_\_\_\_\_

2. Dates of Intended Stay in U.S.: From \_\_\_\_\_ To \_\_\_\_\_
The beginning date should be the last day you would accept this person's arrival. The ending date should be the last day of the proposed program.

3. English Proficiency: Indicate what evidence you have that this individual has adequate English proficiency:
TOEFL score \_\_\_\_\_ Degree from a U.S. university \_\_\_\_\_ Fluent in English \_\_\_\_\_ Other \_\_\_\_\_

4. Purpose of Visit: Research Scholar \_\_\_\_\_ Visiting Professor/Lecturer \_\_\_\_\_ Short-term Scholar \_\_\_\_\_
(Check the most appropriate category; see explanation below.)

Definitions of Visitor Categories

PROFESSOR - A person who is engaged in a program for the purpose of primarily teaching or a combination of conducting advanced research, teaching or observation in an institution of higher learning.

RESEARCH SCHOLAR - A person who is engaged in a program for the purpose of undertaking or participating in research.

SHORT-TERM SCHOLAR - A person engaging in a program for the purpose of undertaking or participating in research with no intention of remaining in the US for longer than 6 months.

5. Funding: If any funding will be provided by the University, please indicate the amount and source:
Amount \$ \_\_\_\_\_
Source \_\_\_\_\_

The Exchange visitor's total financial resources cannot be less than \$12,000/year or \$1,000/month. Additional funding for first dependant is \$700.00 per month; and each additional dependant is \$300.00 per month

**6. Specific Educational Field** or non-study activity in which the exchange visitor is to be engaged:

Subject/Field \_\_\_\_\_

Program \_\_\_\_\_

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**Certification**

I (we) certify compliance with University of Hartford policy and procedures related to the appointment of visiting exchange scholars. In addition we agree to the following requirements of the Exchange Visitor Program

- 1) Provide departmental assistance to the exchange visitor in defining the educational or research goals prior to the visit.
- 2) Keep the International Center informed of the exchange visitor's current local (U.S.) address and email address.
- 3) The Department will provide assistance to the exchange visitor in reviewing available health insurance policies and will make sure that the visitor purchases (immediately upon or before arrival) a health insurance plan which meets or exceeds DOS and University of Hartford Exchange Visitor Program minimum requirements (specified on the bottom of this form).
- 4) Provide the exchange visitor with an orientation program within a short period after arriving.
- 5) Within 10 days of a change in arrangements, the host department will inform the International Center when the exchange visitor: changes address, is terminated or the departmental host relationship is dissolved.
- 6) Notify the International Center two weeks prior to the completion of the exchange visitor's program.

Signature of Faculty Sponsor \_\_\_\_\_ Date \_\_\_\_\_

Signature of Department Chair \_\_\_\_\_ Date \_\_\_\_\_

Signature of Dean \_\_\_\_\_ Date \_\_\_\_\_

**Health Insurance Minimum Requirements \***

Exchange visitors are required by Department of State regulations to maintain adequate health and accident insurance for themselves and any accompanying spouse and/or dependent(s). Information on recommended plans is available at the International Center, GSU 327. If the exchange visitor has the appropriate health insurance plan from his/her home country which will meet the below stated requirements, a copy of the insurance policy must be submitted (English translation required).

The *minimum* insurance coverage requirements are:

- \$50,000 medical benefits per accident or illness
- \$7,500 repatriation of remains
- \$10,000 medical evacuation to home country
- \$500 ceiling on deductible per illness or accident

Information regarding the J-1 visa may be found at: <http://uhaweb.hartford.edu/intcenter/j1handbook.html>