NMSU DS-2019 Request Form for International Scholars

Return completed form to International Student & Scholar Services
Email isss@nmsu.edu * Campus Mail MSC 3567 * Fax 575-646-1517
Questions? Contact Mary Jaspers, 646-2018 or marjaspe@nmsu.edu

Please provide the following information required for preparation of the DS-2019 for the scholar seeking permission to enter the U.S. with J-1 Exchange Visitor visa status. The Exchange Visitor provides the biographical information (Scholar Personal Information section) and department completes and submits the form with required signatures.

There is a $100 Service Fee payable to International & Border Programs for each new scholar and an additional optional transportation service is also available.

The Exchange Visitor will ___ begin a new program ___ extend J-1 status ___ transfer J-1 Status to NMSU

Scholar Personal Information (attach copy of passport identification page)

NAME: Family ___________________________ First ______________________ Middle ________________
GENDER: ___ Male     ___ Female
DATE OF BIRTH (month/day/year) _______________________
CITY OF BIRTH ______________________________        COUNTRY OF BIRTH __________________________
COUNTRY OF CITIZENSHIP __________________________ LEGAL PERMANENT RESIDENT OF __________________
TITLE OF POSITION IN HOME COUNTRY __________________________________________________________
  If student:      ___ graduate      ___ undergraduate
FOREIGN ADDRESS IN HOME COUNTRY __________________________________________________________
EMAIL ADDRESS ____________________________________________________________________________

Is the Exchange Visitor already in the U.S. at another institution? If yes, name of the current institution hosting the Exchange Visitor __________________________________________________________

Has the Exchange Visitor been in the U.S. in J visa status during the previous six years? ___ Yes   ___ No
  If “yes”, attach copy of I-94 and current or prior DS-2019 forms.

Program Information

PROPOSED PROGRAM DATES (mm/dd/year) from ____________________ to ______________________
CATEGORY OF EXCHANGE VISITOR       ___ Professor (5 year maximum)*
                                        ___ Research Scholar (5 year maximum)*
                                        ___ Short-Term Scholar (6 month maximum—no extensions)
                                        ___ Specialist (1 year maximum—no extensions)
                                           *Non-tenure track position at NMSU

How have you determined that the visiting scholar has adequate English skills to function in the category requested? Provide copy of TOEFL or IELTS score, or other documentation ______________________________

PRIMARY ACADEMIC DISCIPLINE WHILE AT NMSU _________________________________________________

DESCRIPTION OF NMSU PROGRAM (will be stated on DS-2019) _________________________________
Financial Information

Include all sources and total amount of exchange visitor’s financial support for the proposed program. The total support (from NMSU, government or personal funding, or other) must be a minimum of $1200 for the scholar, $400 for spouse and $200 for each child per month. Attach documentation of financial support from any source other than NMSU. All employment-based appointments must be arranged through Human Resources prior to new program start date.

Funds from or administered by NMSU $ ____________________ (Must be non-tenure track position)

Other sources of funding (attach documentation)
- Exchange Visitor’s Government $ __________
- Other Organizations $ __________ Name _______________________
- Personal Funds $ __________

Health Insurance Information

The J-1 visiting scholar must agree to maintain federally mandated health and accident insurance to include the following coverage (including all dependents): minimum of $50,000 per accident or illness; repatriation of remains in the amount of $7,500; expenses associated with the medical evacuation of the exchange visitor to his or her home country in the amount of $10,000; and a deductible not to exceed $500 per accident or illness. If scholar does not have equivalent insurance upon arrival to the U.S., options available are to purchase VISIT Travel & Medical Insurance. Contact International Student & Scholar Services, Garcia Annex, Room 246C for additional information about the NMSU insurance benefit plans for scholars hired by NMSU.

Dependent Information (attach copy of passport biographical page for each dependent)

If the Exchange Visitor plans to bring dependents (spouse or unmarried children under the age of 21) who will be requesting J-2 dependent immigration status, complete the following. A separate DS-2019 will be issued for each dependent.

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<tr>
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<tbody>
<tr>
<td>FAMILY NAME</td>
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<tr>
<td>GIVEN NAME</td>
<td>____________________</td>
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<tr>
<td>RELATIONSHIP TO SCHOLAR</td>
<td>_______________</td>
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<tr>
<td>GENDER</td>
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<tr>
<td>DATE OF BIRTH (mm/dd/year)</td>
<td>_______________</td>
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<td>CITY AND COUNTRY OF BIRTH</td>
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<td>COUNTRY OF CITIZENSHIP</td>
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<td>COUNTRY OF LEGAL RESIDENCE</td>
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For additional dependents, provide the above information on a separate sheet
Department Verification

This form must be signed by the department chair and the faculty member collaborating with the scholar. Please allow sufficient time for document preparation, mailing, and visa processing time in the scholar’s home country. NMSU assumes responsibility in undertaking sponsorship for an Exchange Visitor and reports the scholar’s arrival and departure to the Department of State in addition to monitoring health insurance and additional J-1 requirements. The Responsible Officer (RO) depends on departments to provide complete and accurate information about their Exchange Visitor and his/her funding.

By signing below, you are accepting the responsibility for the accuracy of the information provided on this form, for sponsoring the scholar at NMSU, for facilitating communication between the scholar and NMSU’s Responsible Officer and for reporting the termination and/or departure of the scholar from NMSU. In addition, you are agreeing to notify our office immediately if the scholar leaves or is terminated more than two weeks before the end date on the DS-2019.

REQUESTING DEPARTMENT ___________________________________________________________________
DEPARTMENT’S PHYSICAL ADDRESS  __________________________________________________________

Signatures Required:

SCHOLAR’S DIRECT NMSU SUPERVISOR OR HOST ________________________________________________
EMAIL ________________________________________ DATE _______________
DEPARTMENT HEAD ___________________________________________ DATE _______________

J-1 DS-2019 Service Fees

• J-1 Document Fee  ($100)
This is a mandatory fee that supports the J-1 Redesignation Fee paid by NMSU to the Department of State for the costs associated with the J-1 Exchange Visitor Program.

• Optional Fee  ($100)*
Transportation by International & Border Programs from El Paso Airport to pre-arranged housing in Las Cruces.
*Contact ISSS for additional cost for 2 or more passengers
Department signature required below to request the optional fee (for a total of $200 Service Fees)
________________________________________

J-1 Service Fee is payable to International & Border Programs
Index:  121486   Fund: 111932   Acct: 890105
Please send copy of journal entry to Diana Molina-Barragan, dmolina7@nmsu.edu

DS-2019 Mailing Instructions (indicate your choice below)
____ The Department will mail the packet. J-1 Supervisor listed above will be contacted.
____ The Scholar will be contacted directly for mailing instructions.