



University of North Carolina Wilmington
 International Student & Scholar Services
 Office of International Programs
 601 South College Road-Wilmington, NC-28403-5965
 910-962-3685 (phone) 910-962-4053 (fax)

UNCW J-1 Visiting Scholar DS-2019 Request Form

You must use **Adobe Reader** to complete this form. This form and the complete J-1 Visiting Scholar guidelines are available at <http://www.uncw.edu/international/iss/j1visiting scholar.html>.

Use this form to request visa sponsorship for foreign nationals invited to UNCW in J-1 visa categories of “Short-Term Scholar”, “Professor” or “Research Scholar”. To determine which category best suits your program needs, see the [chart comparing the J-1 Visiting Scholar categories](#) available at UNCW. Return this form and required supporting documents to the [J-1 Scholar Advisor](#)

1. Exchange Visitor's (EV) Biographical Information

Family Name (Last Name):		Given Name (First Name):	
City of Birth:		Country of Birth:	
Date of Birth (mm/dd/yyyy):		Gender: Male Female	
Country of Citizenship:		Country of Legal Permanent Residence:	
EV's Address (a non-U.S. address is required for immigration purposes):		Street Address (including street and apartment numbers):	
City:	State/Province:	Postal Code:	Country:
Telephone Number:	Email:	Position in Home Country (e.g. student, professor):	
Has the EV been anywhere in the US in J visa status during the past 24 months*? Yes No			
*If yes, provide a list of all dates in the past 24 months that the visitor was in the U.S. in J visa status. Dates:			

2. Program Information

*EV's Program Start Date (mm/dd/yyyy):	EV's Program End Date:
*The EV may enter the US up to 30 days before the program start date, and leave the U.S. up to 30 days after the program end date.	
Program Subject/Field (e.g. Mathematics):	EV Category (see chart comparing the J-1 scholar categories): Short-Term Scholar Professor Research Scholar
Site of Program (e.g. Dobo Hall, Room 101):	Will the EV fill a permanent (tenure-track) position? No
Summary of Activities in Which EV Will Participate:	

3. Proof of English Proficiency

Name of Interviewer:	Professional Title of Interviewer:
Date of Interview:	Type of Interview: In Person By Videoconference By Telephone
Attestation Regarding English Language Proficiency Based on a Documented Interview	
I _____ declare that I am an employee of UNCW and that _____ is proficient in the English language so as to successfully participate in his or her J-1 program and to function on a day-to-day basis in the U.S.	
English Skills of Interviewer: Native English Speaker Fluent in the English Language	Interviewer's Signature & Date

4. Confirmation of Health Insurance

The EV will be accompanied by the following family members:	Monthly Insurance Rates (valid as of _____)*
	EV will come alone.....
	EV will bring his/her spouse.....
	EV will bring his/her spouse AND children.....
EV will bring his/her children but will NOT bring his/her spouse.....	
Health insurance costs will be paid by the: Exchange Visitor Sponsoring Department	The EV has obtained permission to use his/her own health insurance that meets the J-1 visa insurance requirements and is superior to the insurance available through UNCW (this is rare): Yes No

*Health insurance rates increase on August 1st. The EV's program must begin before August 1 to purchase UNCW health insurance before the rate increase.

5. Dependents

____ * Number of dependents who will accompany the EV during his/her time in the U.S. (*enter 0 if EV will come alone).

Provide the following biographical information for each of the dependents using the [J1 Scholar Dependent Request form](#) (pdf): ▪ Family Name ▪ Given Name ▪ City of Birth ▪ Country of Birth ▪ Date of Birth (mm/dd/yyyy) ▪ Country of Citizenship ▪ Country of Legal Permanent Residence ▪ Gender ▪ Relationship to EV (Spouse or Child)

6. Responsibilities to Randall Library as Faculty Mentor

Randall Library supports the research needs of faculty, scholars, and researchers visiting the UNCW campus by providing Randall Library privileges to visitors sponsored by university departments or programs. Departments or programs that sponsor visitors assume financial responsibility for all unresolved charges on the visitor's library account including replacement fees for library materials that are not returned.

I understand and accept the responsibilities that I undertake as a faculty mentor.

Signature of Faculty Mentor _____

7. Proof of Financial Support

<p>Will this scholar be funded by a grant received by the inviting faculty member?</p> <p style="text-align: center;">Yes No</p>	<p>If yes, has the inviting faculty member:</p> <ol style="list-style-type: none"> 1. Contacted the Grant Officer? 2. Contacted the Dep't Administrator? 3. Planned the payment details for what the grant will cover for the scholars? <p><i>*NOTE: UNCW GeoBlue Insurance cannot be covered by an IDI and must be purchased through a non-UNCW credit card.</i></p>
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Attach documentation of all funding listed below. Be sure to list non-salary payments if items are paid as part of the EV's program (e.g. \$500 health insurance). Funding must total at least **\$1,500/month**. The amount increases by **\$500/month** for each EV dependent.

Type of Funds	Description of Funds	Amount (U.S. Dollars)

8. UNCW Supervisor

UNCW Employee Who Will Supervise the EV:	Supervisor's Title:	Supervisor's Department:
Supervisor's Phone:	Supervisor's Email:	Supervisor's Signature & Date:

9. Department Invitation Letter

<p>Departments will need to write a letter (on letterhead) that describes the program in which the EV is participating, specifically: ▪ Objectives of the Visit ▪ Dates of Visit ▪ Site of Visit ▪ Name and Title of UNCW Faculty Who Will Oversee/Supervise the Visit ▪ Terms of Financial Arrangement, if any</p>

10. Attachments

Indicate all items submitted with this form:
Required Attachments
<ul style="list-style-type: none"> Proof of Financial Support Department Invitation Letter EV's Curriculum Vitae Copy of Passport Biographical Page
Additional Attachments (If Applicable)
<ul style="list-style-type: none"> List of Dates EV Has Been in the U.S. in the Past 24 Months Proof of EV's Personal Health Insurance (that meets the JI visa insurance requirements and is superior to the insurance available through UNCW) Biographical Information of EV's Accompanying Dependents

11. Approvals

Department Chair's Approval

Chair's Name:	Chair's Signature & Date:
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Dean's Approval

Dean's Name:	Dean's Signature & Date:
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Other Approvals (Complete as Needed):

Name:	Title & Department:	Signature & Date:
Name:	Title & Department:	Signature & Date:
Name:	Title & Department:	Signature & Date:

12. For Internal Use – Review for Tax Compliance

The Tax Office acknowledges receipt of this J-1 DS-2019 Request Form and will schedule a meeting with the sponsoring department to review taxes prior to the scholars visit.

Accounting Office Representative:	Representative's Contact Information:	Signature & Date:
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