

MAJOR CHANGES TO THE J PROFESSOR AND RESEARCH SCHOLAR CATEGORIES

The maximum period of participation for J Professors and Research Scholars has been raised from three years to five years. The five years period is not an aggregate of five years. It is a continuous five-year period given to a participant on a “use or lose” basis.

A new 24-month (two year) bar on repeat participation in the J Professor or Research Scholar categories will apply to those who complete their program participation in those categories.

The two-year bar applies under two circumstances:

1. The Professor or Research Scholar completes a full five years of program participation with one or more sponsors; or
2. If, before the full five-year period is over, the Professor or Research Scholar “completes” his or her program. In this case, the continuity of the five-year period is broken, the five-year window is “closed,” the individual is not eligible to access the remaining unused time, and the individual must wait for two years before beginning a new program as a J Professor or Research Scholar.

NEW CONDITIONS ON PARTICIPATION AS A PROFESSOR OR RESEARCH SCHOLAR

BEFORE CREATING A SEVIS RECORD AND PRODUCING A FORM DS-2019 FOR AN EXCHANGE VISITOR IN THE CATEGORY OF EITHER PROFESSOR OR RESEARCH SCHOLAR, IT MUST BE DETERMINED THAT THE INDIVIDUAL IS ELIGIBLE TO PARTICIPATE IN THE EXCHANGE VISITOR PROGRAM AS A PROFESSOR OR RESEARCH SCHOLAR. AN INDIVIDUAL MAY BE SELECTED FOR PARTICIPATION SUBJECT TO THE FOLLOWING CONDITIONS:

1. THE EXCHANGE VISITOR MUST NOT BE A CANDIDATE FOR A TENURE TRACK POSITION.
2. THE EXCHANGE VISITOR HAS NOT BEEN PHYSICALLY PRESENT IN THE UNITED STATES AS A NON-IMMIGRANT FOR ALL OR PART OF THE 12 MONTH PERIOD IMMEDIATELY BEFORE THE PROGRAM BEGIN DATE ON HIS OR HER FORM DS-2019 IDENTIFIED IN SEVIS, UNLESS

THE EXCHANGE VISITOR’S PRESENCE IN THE UNITED STATES WAS LESS THAN 6 MONTHS IN LENGTH
OR

THE EXCHANGE VISITOR IS TRANSFERRING TO THE SPONSOR’S PROGRAM PURSUANT TO THE PROVISIONS SET FORTH IN 22CFR 62.42, TRANSFER OF PROGRAM

OR

THE EXCHANGE VISITOR’S PRESENCE IN THE UNITED STATES WAS PURSUANT TO A SHORT-TERM SCHOLAR EXCHANGE ACTIVITY

3. THE EXCHANGE VISITOR IS NOT SUBJECT TO REPEAT PARTICIPATION. AN EXCHANGE VISITOR IS NOT ELIGIBLE FOR PARTICIPATION AS A PROFESSOR OR RESEARCH SCHOLAR FOR A PERIOD OF TWO YEARS FOLLOWING THE PROGRAM END DATE IDENTIFIED IN SEVIS IF HE OR SHE MEETS THESE TWO CRITERIA:
 - ENTERED THE UNITED STATES UNDER THE EXCHANGE VISITOR PROGRAM AS A PROFESSOR OR RESEARCH SCHOLAR, OR WHO HAS ACQUIRED SUCH STATUS WHILE IN THE UNITED STATES
 - AND
 - COMPLETED HIS OR HER PROGRAM

DEPARTMENT REQUEST FOR FORM DS-2019 For J-1 visa status in the Professor, Research Scholar, or Short- Term Scholar Categories

The J-1 category for this applicant will be (check one):

- ☐ Professor: Primarily teaching, lecturing, observing and may conduct research (minimum 3-week stay in the U.S.; maximum three-year stay in the U.S.)
- ☐ Research Scholar: Primarily conducting research, observing and may also teach/lecture (minimum 3-week stay in the U.S.; maximum three-year stay in the U.S.)
- ☐ Short-term Scholar: Person with similar education to professor/research scholar coming for short-term visit primarily for lecturing, observing, training, etc. (no minimum stay, but a maximum six-month stay in the U.S.; not possible to extend/change status).

This form should be completed by the host department, signed by the department head, and returned to the Office of International Services (Serra Hall, room 316). Our office will issue Form DS-2019, with which the prospective J-1 applicant should use to obtain a J-1 exchange visitor visa. **Do not use this form for J-1 students whose primary purpose is to participate in a USD degree or non-degree-seeking program in your department.** Please call The Office of International Services at 619.260.4678 with any questions.

PLEASE PRINT CLEARLY (if submitting manually completed print out) AND CHECK FOR ERRORS BEFORE SUBMITTING.

SECTION 1: DEPARTMENT INFORMATION

Host Department	Host Department Contact Name	
	Phone Number / Ext.	Email Address

SECTION 2: J-1 PROFESSOR/SCHOLAR INFORMATION

NAME (Exactly as it appears on the passport. If there is no middle name or suffix, write "NONE".)			
LAST	FIRST	MIDDLE	SUFFIX (e.g. Jr., Sr., I, II)
Date of Birth (MM/DD/YYYY)		City of Birth	Country of Birth
Gender (Check One) <input type="checkbox"/> Male <input type="checkbox"/> Female	Country of Citizenship		Country of Legal Permanent Residence
Home Country Address (no P.O. Box Please)			
Address Line 1	Address Line 2		City

Province/Territory	Country	Postal Code
<p>POSITION OCCUPATION IN HOME COUNTRY (choose from the following list):</p> <p>100 – CATEGORY: GOVERNMENT</p> <p>110 - CENTRAL GOVERNMENT GROUP</p> <p>111 - HEAD OF GOVERNMENT</p> <p>112 - MINISTERIAL LEVEL OFFICIAL</p> <p>113 - EXECUTIVE LEVEL OFFICIAL</p> <p>114 - CIVIL SERVICE EMPLOYEE IN CENTRAL GOVERNMENT</p> <p>115 - PROFESSIONALS 7 SCIENTISTS IN CENTRAL GOVERNMENT</p> <p>116 - LEGISLATOR IN CENTRAL GOVERNMENT</p> <p>117 - JUDGES IN CENTRAL GOVERNMENT</p> <p>118 - MANAGER OF STATE ENTERPRISE</p> <p>119 - CENTRAL GOVERNMENT, OTHER</p> <p>120 - STATE, REGIONAL, OR PROVINCIAL GOVERNMENT GROUP</p> <p>121 - GOVERNOR OR OTHER CHIEF OF REGIONAL UNIT</p> <p>122 - SENIOR HEAD OF REGIONAL DEPARTMENT</p> <p>123 - EXECUTIVE LEVEL REGIONAL OFFICIALS</p> <p>124 - CIVIL SERVICE EMPLOYEE IN REGIONAL/STATE GOVERNMENT</p> <p>125 - PROFESSIONAL AND SCIENTISTS IN REGIONAL GOVERNMENT</p> <p>126 - LEGISLATOR IN REGIONAL OR STATE GOVERNMENT</p> <p>127 - JUDGES IN REGIONAL OR STATE GOVERNMENT</p> <p>128 - MANAGER OR REGIONAL ENTERPRISE</p> <p>129 - REGIONAL GOVERNMENT, OTHER</p> <p>130 - CITY OR TOWN GOVERNMENT GROUP</p> <p>131 - MAYOR OR CITY MANAGER</p> <p>132 - HEAD OF CITY DEPARTMENT</p> <p>133 - EXECUTIVE LEVEL CITY OR TOWN OFFICIALS</p> <p>134 - CIVIL SERVICE EMPLOYEE IN CITY OR TOWN GOVERNMENT</p> <p>135 - PROFESSIONALS 7 SCIENTISTS IN CITY OR TOWN GOVT.</p> <p>136 - LEGISLATOR IN CITY OR TOWN GOVERNMENT</p> <p>137 - JUDGES IN CITY OR TOWN GOVERNMENT</p> <p>138 - MANAGER OF CITY ENTERPRISE</p> <p>139 - CITY OR TOWN GOVERNMENT, OTHER</p> <p>140 - INTERNATIONAL ORGANIZATION GROUP</p> <p>141 - HEAD OF INTERNATIONAL ORGANIZATION GROUP</p> <p>142 - SENIOR OFFICIAL OF INTERNATIONAL ORGANIZATION</p> <p>143 - EMPLOYEE OF INTERNATIONAL ORGANIZATION</p> <p>200 – CATEGORY: ACADEMIC COMMUNITY</p> <p>210 - UNIVERSITY LEVEL GROUP</p> <p>211 - UNIVERSITY PRESIDENT OR RECTOR</p> <p>212 - UNIVERSITY ADMINISTRATIVE STAFF</p> <p>213 - UNIVERSITY TEACHING STAFF INCLUDING RESEARCHERS</p> <p>214 - UNIVERSITY GRADUATE STUDENTS</p> <p>215 - UNIVERSITY UNDERGRADUATE STUDENTS</p> <p>216 - UNIVERSITY MEDICAL SCHOOL STUDENTS</p> <p>217 - UNIVERSITY SCHOOL STUDENTS IN OTHER PROFESSIONS</p> <p>218 - UNIVERSITY POST GRAD MEDICAL TRAINEE</p> <p>219 - UNIVERSITY, OTHER</p> <p>220 - SECONDARY SCHOOL GROUP</p> <p>221 - SECONDARY SCHOOL PRINCIPAL</p> <p>222 - SECONDARY SCHOOL TEACHER OR STAFF</p> <p>223 - SECONDARY SCHOOL</p> <p>229 - SECONDARY SCHOOL, OTHER</p> <p>230 - ELEMENTARY SCHOOL GROUP</p> <p>231 - ELEMENTARY PRINCIPAL, TEACHER OR STAFF</p> <p>239 - ELEMENTARY SCHOOL, OTHER</p> <p>240 - SPECIAL SCHOOL, INSTITUTES, OR VOCATIONAL SCHOOL GROUPS</p> <p>241 - SPECIAL SCHOOL, INSTITUTES, OR VOCATIONAL HEAD</p> <p>242 - SPECIAL SCHOOL, INSTITUTES, OR VOCATIONAL TEACHER OR STAFF</p> <p>249 - SPECIAL SCHOOL, INSTITUTES, OR VOCATIONAL- OTHER</p> <p>300 – CATEGORY: PRIVATE SECTOR</p> <p>310 - PRIVATE BUSINESS GROUP</p> <p>311 - PRIVATE BUSINESS ENTREPRENEUR</p> <p>312 - CORPORATE EXECUTIVE</p> <p>313 - MANAGER EMPLOYED BY PRIVATE BUSINESS</p> <p>314 - EMPLOYEE OF PRIVATE BUSINESS</p>		

315 - PROFESSIONAL OR SCIENTIST IN PRIVATE BUSINESS
319 - PRIVATE BUSINESS, OTHER
320 - SELF-EMPLOYED PROFESSIONALS GROUP
321 - SELF-EMPLOYED PROFESSIONAL (LEGAL FIELD)
322 - SELF-EMPLOYED PROFESSIONAL (MEDICAL FIELD)
323 - SELF-EMPLOYED PROFESSIONAL (TECH. FIELD)
329 - SELF-EMPLOYED PROFESSIONAL, OTHER
330 - INDEPENDENT, NON-PROFIT, HOSPITAL, OR OTHER ORGANIZATION GROUP
331 - DIRECTOR OF INSTITUTE, CORPORATION, OR HOSPITAL
332 - MANAGER - EXECUTIVE EMPLOYED BY INSTITUTIONAL CORPORATION
334 - EMPLOYEE OF IND. INSTITUTE OR CORPORATION
335 - INSTITUTION/CORP. PROFESSIONAL/SCIENTIST
339 - INDEPENDENT, NON-PROFIT, HOSPITALS. OR SIMILAR ORGANIZATION, OTHER
340 - AGRICULTURE (INCLUDING FORESTRY 7 FISHERIES) GROUP
341 - AGRICULTURAL ENTREPRENEUR
342 - EXECUTIVE OF AGRICULTURAL BUSINESS
343 - AGRICULTURAL MANAGER
344 - EMPLOYEE OF AGRICULTURAL ENTERPRISE
345 - PROFESSIONAL OR SCIENTIST IN AGRICULTURE
349 - AGRICULTURE, OTHER
350 - RELIGION GROUP
351 - MINISTER OF RELIGION
352 - RELIGIOUS ORDER/CONGREGATIONAL MEMBER
353 - THEOLOGIAN

400 – CATEGORY: THE ARTS AND SPORTS

410 - THE ARTS GROUP
411 - ARTIST (GRAPHIC ARTS)
412 - AUTHOR (PLAYWRIGHT, POET)
413 - STAGE OR FILM ACTOR
414 - FILM (OR STAGE) PRODUCER
415 - COMPOSER OR MUSICIAN
419 - ARTS, OTHER
420 - THE SPORTS GROUP
421 - ATHLETE
422 - COACH
429 - SPORTS, OTHER

500 – CATEGORY: LABOR

510 - LABOR UNION GROUPS
511 - LABOR UNION HEAD
512 - LABOR UNION OFFICIAL
513 - LABOR UNION, OTHER
520 - LABOR UNION, MINISTRY GROUP
521 - LABOR MINISTER (OR LAB. AG. HEAD)
522 - SENIOR MINISTERIAL OFFICIAL
523 - MINISTERIAL OR LABOR AG. EMPLOYEE
529 - MINISTRY OF LABOR, OTHER
530 - LABOR EXPERTS IN ACADEMIA GROUP
539 - LABOR EXPERTS IN ACADEMIA, OTHER
540 - LABOR ORGANIZATION AND OTHER LABOR GROUPS
541 - HEAD OF LABOR ORGANIZATION
542 - EMPLOYEE OF LABOR ORGANIZATION

600 – CATEGORY: COMMUNICATIONS

610 - ELECTRONIC MEDIA GROUP
611 - HEAD OF TV OR RADIO STATION
612 - RADIO OR TV JOURNALIST
613 - ELECTRONIC MEDIA TECHNICIAN
619 - ELECTRONIC MEDIA, OTHER
620 - PRINTED MEDIA GROUP
621 - EDITOR AND/OR PUBLISHER
622 - JOURNALIST
623 - TECHNICAL OFFICER IN PRINTED MEDIA FIELD
629 - PRINTED MEDIA, OTHER
630 - FILM AS NEWS MEDIA GROUP
631 - FILM MAKER
639 - FILM AS NEWS MEDIA, OTHER

700 – CATEGORY: IMPORTANT POLITICAL FIGURES NOT CLASSIFIED ELSEWHERE

710 - OPPOSITION LEADER (NOT IN GOVERNMENT)
720 - OPPOSITION LEADER – LEGISLATURE GROUP

730 - FORMER INFLUENTIAL POLITICAL OFFICIAL 790 - IMPORTANT POLITICAL FIGURE 800 – CATEGORY: MILITARY 900 – CATEGORY: OTHER	
Category Code Number	Position Title
What evidence do you have that this person has adequate English skills to function in your department? [Please attach DOCUMENTED PROOF (such as TOEFL scores or waiver letter) to the application packet.]	
Has this person held J-1 or J-2 immigration status at any institution in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, give dates/locations for all visits in the last 12 months.
Will the applicant be accompanied by dependents (spouse/children)? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, complete J-2 DEPENDENT FORM included in this packet. (Note: J-2 dependents are: legal spouse and dependent children under 21. Do not include family members who are U.S. citizens or were born in the U.S., as they should use a U.S. passport to enter the U.S.)	

SECTION 3: PROGRAM INFORMATION

DESCRIPTION OF THE PERSON'S ACTIVITIES AT USD (Choose from "Subject/Field Description" list that appears below)

Agriculture, Agriculture Operations, and Related Sciences
Architecture and Related Services
Area, Ethnic, Cultural, and Gender Studies
Basic Skills
Biological and Biomedical Sciences
Business, Management, Marketing, and Related Support Services
Citizenship Activities
Communication, Journalism, and Related Programs
Communication Technologies/Technicians and Support Services
Computer and Information Sciences and Support Services
Construction Trades
Education
Engineering
Engineering Technologies/Technicians
English Language and Literature/Letters
Family and Consumer Sciences/Human Sciences
Foreign Languages, Literatures, and Linguistics
Health Professions and Related Clinical Sciences
Health-Related Knowledge and Skills
High School/Secondary Diplomas and Certificates
History
Interpersonal and Social Skills
Langue et Litteratures Francaises/Lettres

Leisure and Recreational Activities Liberal Arts and Sciences, General Studies, and Humanities Library Science Mathematics and Statistics Mechanic and Repair Technologies/Technicians Military Technologies Multi/Interdisciplinary Studies Natural Resources and Conservation Parks, Recreation, Leisure and Fitness Studies Personal and Culinary Services Personal Awareness and Self-Improvement Philosophy and Religious Studies Physical Sciences Precision Production Psychology Public Administration and Social Service Professions Reserve Officer Training Corps (JROTC, ROTC) Residency Programs Science/Technologies/Technicians Security and Protective Services Social Sciences Technology Education/Industrial Arts Theology and Religious Vocations Transportation and Materials Moving Visual and Performing	
Subject/Field Description	Program of Activity at USD
Program Begin Date (MM/DD/YYYY)	Program End Date (MM/DD/YYYY)

SECTION 4: FUNDING INFORMATION

Indicate all sources of funding for the period requested for the J-1 program:

USD Funding	\$
Visitor's Government	\$
Other Organizations	\$
Personal Funds	\$
TOTAL	\$

IMPORTANT: The minimum total funding should meet the estimate of expenses from the Office of Admissions. PLEASE PROVIDE DOCUMENTATION for all types of funding specifying the dates and amount of funding. All documents MUST BE IN ENGLISH. If USD will provide funds, copies of relevant award letters or correspondence are needed. If personal funds are necessary to supplement other funding, the J-1 applicant must complete the attached USD Certificate of Finances. A letter from the J-1 applicant is not sufficient.

Additional note for applicants with J-2 dependents: FUNDING MUST COVER DEPENDENTS if J-2 visas are required for them.

SECTION 5: CERTIFICATION OF FINANCES (Please fill out separate attachment.)

A requirement of your participation in exchange visitor activities is to show that sufficient funds are available to specifically cover the expenses for the duration of your visit. In the following sections, please provide the necessary information to demonstrate funds for your attendance at The University of San Diego. Complete the following section that applies to your financial situation:

Complete Section 5.1: if your own personal or family resources will pay your expenses
Complete Section 5.2: if your government, scholarship agency or an international organization will pay your expenses
Complete Section 5.3: if USD will pay your expenses

SECTION 6: HEALTH INSURANCE INFORMATION

Host department will pay for health insurance to be arranged by USD

☐ YES ☐ NO

Visitor will enroll in health insurance provided for international students and scholars at USD

☐ YES ☐ NO

(If YES, J-1 applicant must complete the attached PROMISSORY FORM FOR HEALTH INSURANCE.)

SECTION 7: HEALTH INSURANCE PROMISSORY FORM (Fill out the attachment manually.)

SECTION 8: DEPENDENT INFORMATION (Omit this part if you are not bringing any dependents with you.)

☐ J-2 dependents will be traveling with J-1 to the U.S. ☐ J-2 dependents will be traveling separately

DEPENDENT #1

Last Name	
First Name	
Middle Name	
Date of Birth	
Gender	
Relationship to J-1 (Spouse or Child)	
City of Birth	
Country of Birth	
Country of Citizenship	
Country of Permanent Residence	

DEPENDENT #2

Last Name	
First Name	
Middle Name	
Date of Birth	
Gender	
Relationship to J-1 (Spouse or Child)	

City of Birth	
Country of Birth	
Country of Citizenship	
Country of Permanent Residence	
DEPENDENT #3	
Last Name	
First Name	
Middle Name	
Date of Birth	
Gender	
Relationship to J-1 (Spouse or Child)	
City of Birth	
Country of Birth	
Country of Citizenship	
Country of Permanent Residence	

SECTION 9: HOST DEPARTMENT CERTIFICATION

I certify that all of the above information is correct.

Signature, Department Head

Printed Name

Title

Today's Date

SECTION 5.1 (ATTACHMENT): PERSONAL OR FAMILY RESOURCES

Person Responsible	Relationship to Applicant
Home Address of Person Responsible	Home Phone Number of Person Responsible
Business Address of Person Responsible	Business Phone Number of Person Responsible
Amount of Personal Funds Available Upon Arrival at USD (in US\$)	

CERTIFICATION BY BANK OFFICIAL

(In lieu of filling out this section, an actual account statement issued by the applicant's bank for the purpose of this application may be submitted. Please attach the original statement to this form.)

This is to certify that the above information is true, correct, and has been verified by me. I also certify that the amount specified above is available to the applicant mentioned on this form. This certification is offered with no responsibility on the part of this bank or financial agency.

Signature, Department Head

Printed Name

Title

Today's Date

Address of Bank

Phone Number

(Bank seal may be placed on the space provided.)

SECTION 5.2 (ATTACHMENT): GOVERNMENT, SCHOLARSHIP, OR INTERNATIONAL ORGANIZATION

If a government agency, international organization, foundation or other responsible group will provide funding for your education or research expenses, please request that a scholarship letter describing the award be submitted to the University of San Diego Office of International Services.

Name of Agency	
Address of Agency	
Phone Number	
Name of Contact Person	

SECTION 5.3 (ATTACHMENT): USD FUNDING

If The University of San Diego will provide funds, copies of relevant contracts or correspondence are needed. Please attach said documents to this application.

SECTION 7 (Attachment): HEALTH INSURANCE PROMISSORY NOTE

[Note: You may omit this section if you have international health insurance coverage that includes provisions on medical evacuation and repatriation. Please provide PROOF OF INSURANCE such as a copy of the insurance policy (written in English and directly issued by the insurance company) and attach to the J-1 application packet.]

Exchange visitors, professors, research scholars, and students who do not obtain their own health insurance before arriving at the University of San Diego should have the funds available to purchase it from the University, for themselves and for their dependents, no later than the day they arrive on campus.

(Please fill-out below in handwritten print.)

I, _____ will
Last name First name

purchase health insurance coverage from The University of San Diego no later than the day I arrive on campus. I understand that if I willfully fail to carry health insurance for myself and my dependents, my J-1 sponsor must terminate my program and report the termination to the U.S. Department of State.

Dependents' Information

Last name First name Age Relationship to J-1

Last name First name Age Relationship to J-1

Last name First name Age Relationship to J-1

Last name First name Age Relationship to J-1

Last name First name Age Relationship to J-1

Last name First name Age Relationship to J-1

Signature Today's date