

## DS-2019 Request Form for J-1 Exchange Students

### UTSA Sponsoring Department Checklist

*What to provide to International Student Services to obtain a DS-2019 Form*

- Admission packet including student's acceptance letter
- Completed and signed DS-2019 Request Form
- Copy of student's passport biographic data page
- Financial supporting documents

The UTSA department must mail the completed J-1 visa packet to the J-1 exchange student in his or her home country.

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### Important Information for UTSA Departments and Exchange Visitors

- J-1 exchange visitors must ensure compliance with J-1 visa federal requirements.
  - J-1 exchange visitors must have health insurance which meets the minimum requirements specified at 22 C.F.R. § 62.14 and UT system health insurance requirements.
  - J-1 exchange visitors must be registered for full-time hours at the University of Texas at San Antonio.
  - J-1 exchange visitors must attend New International Student Orientation to report their arrival in the United States.
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### UTSA Sponsoring Department Information

1. UTSA Department: \_\_\_\_\_
  2. Projected Dates of Program Participation (mm/dd/yyyy): Arrival \_\_\_\_\_ End Date: \_\_\_\_\_
  3. Level of Study:  BA/BS  MA/MS  PhD  Intensive English Program      4. Site of Activity: \_\_\_\_\_
  5. Academic disciplinary field of study: \_\_\_\_\_
  6. Brief Description and field of activity that the Exchange Visitor will engage in under the program.  
The Exchange Student will \_\_\_\_\_
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7. Contact Person in the Department: Name \_\_\_\_\_ Ext.: \_\_\_\_\_  
Title: \_\_\_\_\_ Email: \_\_\_\_\_
  8. Choose delivery method for the DS-2019 packet below:  Department Pick-up at OIP front desk  Campus mail to Department

A DS-2019 form will be prepared within two (2) weeks after International Student Services receives all the required items. If you have any questions regarding this form, please contact International Student Services at (210) 458-7202 or email [NewInternational@utsa.edu](mailto:NewInternational@utsa.edu).

**Part I. Exchange Visitor Information**

To be completed by the prospective J-1 visa exchange visitor

**Complete all questions. If a question does not apply, write N/A for not applicable. Ensure that all names appear exactly as shown in your passport. A copy of passport must be attached to this Request Form.**

**Biographical Information**

1. \_\_\_\_\_  
Last name First name Middle name

2. Date of Birth: (mm/dd/yyyy) \_\_\_\_\_ 3. Gender:  Male  Female

4. Place of Birth: City/Town \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_

5. Country of Legal Permanent Residence: \_\_\_\_\_ 6. Country of Citizenship: \_\_\_\_\_

7. Highest Degree completed:  BA/BS  MA/MS  MD  PhD  Other: \_\_\_\_\_ Area of Study: \_\_\_\_\_

8. Current Position/Occupation in Country of Permanent Legal Residence: \_\_\_\_\_  
 Please be as **specific** as possible. For example, if exchange visitor is a student in home country, please specify if they are a graduate or undergraduate student.

9. If employed, title and name of employer/organization in country of legal permanent residence.

\_\_\_\_\_  
Title Name of Employer/Organization

10. Is this a Government Organization?  Yes  No If yes, identify:  Central Government  State Government or  City Government

11. Have you ever been in the U.S. on a J-1 visa?  Yes  No If yes, indicate time period: From \_\_\_\_\_ to \_\_\_\_\_

12. Are you currently in the U.S.?  Yes  No If yes, what is your visa type: \_\_\_\_\_

13. Telephone Number: \_\_\_\_\_ 14. Email Address: \_\_\_\_\_

15. If currently in the U.S., what is your current address in the U.S.? \_\_\_\_\_  
No. and Street

\_\_\_\_\_  
City State Country Zip

**Financial Information**

By law J-1 exchange visitors must have financial arrangements covering the expected period of stay for themselves and any accompanying dependents. The minimum amount of funding must total \$1500/month for the J-1, plus an additional \$500/month for a J-2 spouse and an additional \$300/month for each J-2 child.

Projected Dates of Program Participation (mm/dd/yyyy): Arrival \_\_\_\_\_ End Date: \_\_\_\_\_

Estimated Expenses: Total amount \$ \_\_\_\_\_ = \$1500 X ( ) months + {(\$500 X ( ) months) + (\$300 X ( ) months)}

Source of Fund: Supporting financial documents must be attached to this request form. All documents must be in English and include U.S. currency.

UTSA Funds Amount: \$ \_\_\_\_\_ Attach award letter specifying the amount, period, and other stipulations.

Personal Funds Amount: \$ \_\_\_\_\_ Attach bank statements or letters on bank letterhead and signed by a bank official. The statements or letters must state the name of the account holder, account number, type of

currency, final balance in the account, and the issue date of the statements or letters. The issue date must be within 6 months of the term for which the student was admitted.

Non-UTSA Funds Amount: \$ \_\_\_\_\_ Organization \_\_\_\_\_

Attach letter specifying the amount, period, and other stipulations.

Non-UTSA Funds Amount: \$ \_\_\_\_\_ Organization \_\_\_\_\_

Attach letter specifying the amount, period, and other stipulations.

Total Support: Amount: \$ \_\_\_\_\_

**Certification of Agreement by Student**

I certify that the above financial information provided is correct and complete and that I shall not require additional financial assistance from The University of Texas at San Antonio (UTSA). If any of the information changes prior to my enrollment at UTSA, I will immediately notify UTSA Office of International Programs/International Student Services. I understand that making false or fraudulent statements may result in disciplinary action and that UTSA will not bear any financial responsibilities arising from these circumstances.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Certification of Agreement by Sponsor (For students with personal funds)**

I certify that I am able and willing to provide financial support to the applicant for the total amount of U.S. \$ \_\_\_\_\_ while she/he studies at UTSA.

Sponsor Signature: \_\_\_\_\_ Sponsor Name: \_\_\_\_\_ Date: \_\_\_\_\_

Sponsor's Address: \_\_\_\_\_

**Dependent Information**

If your spouse and/or child/ren under the age of 21 will accompany you with a J-2 visa, complete the following section. Use additional sheets if necessary.

Number of accompanying dependents (spouse, child/ren under the age of 21: \_\_\_\_\_

	Dependent 1	Dependent 2	Dependent 3
Last Name			
First Name			
Middle Name			
Date of Birth			
City of Birth			
Gender			
Relationship (spouse or child)			
Country of Birth			
Country of Citizenship			
Country of Legal Permanent Residence			

**Insurance Information**

All J-1 and J-2 exchange visitors must maintain medical, evacuation and repatriation insurance coverage as listed below. Evidence of insurance coverage must be presented at the New International Student Orientation and must be for the entire expected period of J-1 program participation.

Your SEVIS record will not be validated until you provide International Student Services with evidence of insurance coverage.

- 1) Medical benefits of at least U.S. \$100,000 per person per accident or illness;
- 2) Repatriation of remains in the amount of U.S. \$25,000; and
- 3) Expenses associated with medical evacuation in the amount of \$50,000;
- 4) Deductible of no more than U.S. \$500

Any policy plan or contract must be at minimum underwritten by an insurance corporation having: 1) an A.M. Best rating of "A-" or above, 2) an Insurance Solvency International, Ltd. rating of "A-" or above, 3) a Standard and Poor's Claims-paying Ability rating of "A" or above, or 4) a Weiss Research, Inc. rating of "B+" or above.

A willful failure to maintain insurance requirements is considered to be a violation of the Exchange Visitor Program and may result in immediate termination of your program participation.

**Student Statement**

I hereby certify that I am aware of the health insurance requirement and that my dependents, if applicable, and I will comply with the health insurance requirement. Furthermore, I understand that I must provide proof of insurance for medical, repatriation and evacuation when I report to the International Student Services for my mandatory New International Student Orientation. Insurance will be purchased for the entire period of my J-1 program as indicated on the DS-2019 Form. I understand that my program participation will not begin until I provide this information to International Student Services.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_