

# REQUEST FORM FOR CERTIFICATE OF ELIGIBILITY (DS-2019) FOR J-1 VISA STATUS

UCLA Office of International Students and Scholars (OISS)  
106 Tom Bradley International Hall, Campus 137907

Website: www.intl.ucla.edu  
Phone: (310) 825-1681, Fax: (310) 206-1612

**NOTE:** A FEE IS REQUIRED TO PROCESS DS-2019 FORMS FOR EXCHANGE VISITORS (DOES NOT APPLY TO DEGREE STUDENTS) -- AS INDICATED IN SHADED AREAS IN SECTIONS "A" AND "D". A DS-2019 FORM WILL ONLY BE PROCESSED WHEN A COMPLETED AND SIGNED DEPARTMENT RECHARGE REQUEST HAS BEEN SUBMITTED TO OISS. SEE WEBSITE (WWW.INTL.UCLA.EDU/SCHOLARS) FOR CURRENT FEES AND MORE DETAILS.

## INSTRUCTIONS - PLEASE TYPE OR PRINT CLEARLY → \*\*\*SEE REVERSE SIDE FOR ELIGIBILITY REQUIREMENTS.\*\*\*

Read the attached instructions and complete all items. Obtain the signature of the UCLA Department Chair and faculty advisor, attach the resume and a completed and signed department recharge request. Return the form to OISS with "Attn: Mr. L.B. Tillakaratne". A DS-2019 will be prepared within 10 working days and **returned to the department** for mailing to the Exchange Visitor. If you need assistance, call OISS.

### A. Purpose of this DS-2019:

1.  **Begin New Program**, or change visa to J-1, accompanied by \_\_\_ family member[s].
2.  **Transfer of J-1 visa to UCLA** from another U.S. institution.  
When did the Exchange Visitor begin the J-1 visa at the other institution? \_\_\_\_\_  
EV's previous J-1 visa category at the other institution (item 4 on your last DS2019/IAP-66)
3.  **Extension of stay** to continue an ongoing program.
4.  **6-month extension** beyond the 3-year limit.
5.  **Separate entry** of \_\_\_ family member[s].
6.  **Replace lost** DS-2019 form.

} **NO PROCESSING FEE REQUIRED**

### B. Exchange Visitor's Name:

\_\_\_\_\_  
LAST NAME (as appear in the passport)

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
MIDDLE NAME

Male  Female  City of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_  
Birth date: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_ Country of Permanent Residence: \_\_\_\_\_  
Married: Yes  No  Occupation in Home Country: \_\_\_\_\_ Employer: \_\_\_\_\_  
Highest degree earned: Bachelor  Masters  PHD  Other \_\_\_\_\_ - Date awarded: \_\_\_\_\_  
Passport Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ (**IMPORTANT:** Attach copy of page showing photo / expiration date)  
U.S. Address: \_\_\_\_\_ Permanent Address outside U.S.: \_\_\_\_\_  
Phone: Area (\_\_\_\_) \_\_\_\_\_ Phone: Area (\_\_\_\_) \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

### C. Dates of Appointment:

From \_\_\_\_\_  
MM DD YY

To \_\_\_\_\_ (see Instructions)  
MM DD YY

### D. Appointment or primary activity while at UCLA/ J-1 Visa Category:

- 04  **Professor** (TEACH, LECTURE, OBSERVE, OR CONSULT ON A NON-TENURE APPOINTMENT; MA/ MS/PHD DEGREE REQUIRED)
- 08  **Researcher** (RESEARCH, OBSERVE, OR CONSULT; MA/MS/PHD REQUIRED)
- 09  **Short-Term Scholar** (LECTURE, OBSERVE, CONSULT, OR DEMONSTRATE SPECIAL SKILLS FOR NO MORE THAN 6 MONTHS; MA/MS/PHD REQUIRED)
- 10  **Specialist** (AN EXPERT TO OBSERVE, CONSULT, OR DEMONSTRATE SPECIAL SKILLS FOR NO MORE THAN 1 YEAR)
- 01  **Non-degree Student** (ENGAGED FULL-TIME IN A PROFESSIONAL OR CERTIFICATE PROGRAM OR A NON-DEGREE OBJECTIVE COURSE OF STUDY)
- 01  **Degree Student** (ENGAGED FULL-TIME IN A DEGREE PROGRAM) → **NO PROCESSING FEE REQUIRED**

Subject of **studies, research, or teaching** at UCLA. (No more than 15 words) \_\_\_\_\_

**E. Financial Support** for the entire period covered by this form. Specify amounts in **US dollars**

UCLA: Department budget, grant, etc.	\$ _____
Payroll title: _____ - this is a <b>Non-tenure</b> track position : Yes <input type="checkbox"/> No <input type="checkbox"/>	
U.S. Government agency funds to <b>this</b> Exchange Visitor:	
Name of the Agency: _____	\$ _____
International Organization [e.g. UN, WHO, NATO] funds to <b>this</b> Exch. Visitor:	
Name of Organization(s): _____	\$ _____
Exchange Visitor's Government.	
Name of the Agency: _____	\$ _____
Other organizations/institutions in the U.S. or abroad:	
Name(s): _____	\$ _____
Personal funds [see instructions]	\$ _____

**F. Medical Insurance:** Who will cover the costs (check one):  UCLA  Exchange Visitor  Other (specify): \_\_\_\_\_

**G. Dependents coming or continuing in the U.S. - DO NOT** list dependents who hold U.S. Passports or were born in the U.S.  
(attach an additional sheet, if necessary)

Name of dependent(s)	Relationship	City / Country of Birth	Date of Birth	Country of Residence / Citizenship
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**H. UCLA faculty member under whose direction the Exchange Visitor's primary activity will be carried out:**

Name: _____	Title: _____
Campus Address: _____	Signature: _____
Mailcode: _____ E-MAIL: _____	Phone: _____

**I. CERTIFICATION and APPROVAL:**

I hereby certify that the information provided on this form is true and correct to the best of my knowledge.

NAME OF PERSON PREPARING THIS FORM	PHONE NUMBER	E-MAIL
SIGNATURE		DATE

**J. UCLA DEPARTMENT CHAIR'S APPROVAL:**

This certifies that the person named above is eligible, qualified and accepted to carry out, during the period specified in item C, the activity(ies) indicated. The department has verified the educational credentials and source(s) and amount of funding available.

CHAIR'S NAME	PHONE NUMBER	E-MAIL
SIGNATURE		DATE

UCLA DEPARTMENT: \_\_\_\_\_

<b>ELIGIBILITY:</b>	<p>IF THE VISITOR HAD COMPLETED A PREVIOUS J PROGRAM WHICH LASTED MORE THAN 6 MONTHS AND IS NOW REQUESTING A J VISA AS A <u>RESEARCH SCHOLAR OR PROFESSOR</u>, THERE MUST BE A 12-MONTH GAP BETWEEN THE END DATE OF THE PREVIOUS J1/J2 PROGRAM AND THE STARTING DATE OF THE NEW J PROGRAM.</p> <p>IF THE VISITOR HAS APPLIED FOR AN "H" CLASS VISA OR U.S. PERMANENT RESIDENT STATUS (GREEN CARD) HE/SHE IS <u>NOT ELIGIBLE</u> TO APPLY FOR DS-2019 (J STATUS).</p> <p>IF THE VISITOR HAS APPLIED FOR A WAIVER OF TWO YEAR HOME RESIDENCE RULE AND RECEIVED APPROVAL NOTIFICATION FROM STATE DEPT OR USCIS, HE/SHE IS <u>NOT ELIGIBLE</u> FOR ANY DS-2019 FORMS.</p>
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