Office of International Services   🔱 USC

New & Transfer DS-2019 Request (Certificate of Eligibility for J-1 Status)

To be completed by the sponsoring USC Department

Campus (select one):   ☐ UPC   ☐ HSC   ☐ CHLA   ☐ ICT   ☐ ISI

Section 1: Applicant's Personal Information *Must match biographical info in passport*

Passport Last Name: _____

Passport First Name: _____

Place/City of Birth: _____

Country of Birth: _____

Country of Permanent Residence: _____

Country of Citizenship: _____

Gender: ☐ Male   ☐ Female

Date of Birth: (mm/dd/year) _____

Permanent Email Address: _____

U.S. Phone Number (If applicable): _____

Highest Degree Obtained: ☐ Bachelors Pending   ☐ Bachelors   ☐ Masters   ☐ Doctoral/MD

Major: _____

Section 2: J-1 Program Information at USC

2a   Has the applicant previously held J-1 visa status in the U.S.?   ☐ Yes   ☐ No
If yes, please submit photocopy of previous DS-2019(s)

2b   Indicate most recent J-1 appointments at USC:

Start Date: (mm/dd/year) _____   End Date: (mm/dd/year) _____   Which J-1 Category: _____

Start Date: (mm/dd/year) _____   End Date: (mm/dd/year) _____   Which J-1 Category: _____

Start Date: (mm/dd/year) _____   End Date: (mm/dd/year) _____   Which J-1 Category: _____

2c   New Appointment at USC (As indicated on invitation letter):

Start Date (mm/dd/year): _____   End Date (mm/dd/year): _____

2d   Field of research or instruction at USC (Example: Chemistry, etc): _____

2e   USC Sponsoring Academic Department (No Abbreviations): _____

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2f   Purpose of this Request:

    ❏   New entry to the U.S. from abroad

        ○   Individual Application   ○   Group Application (Two or more applicants with same program dates)

                                  Name of group: _____

                                  Number of applicants: _____

    ❏   J-1 transferring to USC from another U.S. institution (If selected, please complete the questions below):

        SEVIS ID (Required):   N _____   (i.e. N0012345678)

        Current DS-2019 Start Date (mm/dd/year): _____

        Current DS-2019 End Date (mm/dd/year):   _____

        Transfer Release Date to USC (mm/dd/year): (No gaps between appointments) _____

        Previous Program Sponsor/School : _____

        Name of J-1 Advisor: _____   Phone # of J-1 Advisor: _____

        Email of J-1 Advisor: _____

2g   **J-1 Category Requested at USC** (Determined by sponsoring department):

    ❏   1. Research Scholar/Postdoc   ❏   4. Non-Degree Student:

    ❏   2. Professor/Postdoc   ○ Registered Full-Time in Classes:

    ❏   3. Short-Term Scholar   ○ Bachelors   ○ Masters   ○ Doctoral/MD   ○ Other

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Section 3: J-2 Dependent Information   *Please use separate sheet of paper if additional space is needed*

Dependent 1

Passport Last Name: _____	Passport First Name: _____
Place/City of Birth: _____	Country of Birth: _____
Country of Permanent Residence: _____	Country of Citizenship: _____
Date of Birth: (mm/dd/year) _____	Relationship: ❏ Spouse ❏ Child
Email: *(for Spouse only)* _____	Gender: ❏ Male ❏ Female

Dependent 2

Passport Last Name: _____	Passport First Name: _____
Place/ City of Birth: _____	Country of Birth: _____
Country of Permanent Residence: _____	Country of Citizenship: _____
Date of Birth: (mm/dd/year) _____	Relationship: ❏ Spouse ❏ Child
Email: *(for Spouse only)* _____	Gender: ❏ Male ❏ Female

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Dependent 3

Passport Last Name: _____   Passport First Name: _____

Place/ City of Birth: _____   Country of Birth: _____

Country of Permanent Residence: _____   Country of Citizenship: _____

Date of Birth: (mm/dd/year) _____   Relationship: ☐ Spouse   ☐ Child

Email: (For Spouse only) _____   Gender: ☐ Male   ☐ Female

Section 4: Department Information *Please do not abbreviate any information*

Department Contact Name	Email Address	Phone

Sponsoring Faculty Member Name	Email Address	Phone

Department Name	Street Address	Building	Room #
City	State (California)	Zip Code	Mail Code

Section 5: Approval Signatures   *Both signatures required*

Sponsoring Faculty Member's Name	Signature	Date (mm/dd/year)

Department Chair or Center Director's Name	Signature	Date (mm/dd/year)

Section 6: Source of Funding   *Refer to funding requirements*

Number of Months for USC Appointment: _____   J-2 Dependents: ☐ Spouse   ☐ Children: (How many?) _____

Check all that apply and indicate applicant's monthly funding source(s). *Personal funds should only indicate the minimum funding required. If applicable, include tuition and fees for enrolled students.*

☐ USC *(Departmental budget, grant, etc.):* $ _____ Per month

☐ Other organizations providing support: Specify: _____ $ _____ Per month

☐ U.S. Government Agency: Specify: _____ $ _____ Per month

☐ Applicant's Home Government Agency: Specify: _____ $ _____ Per month

☐ Applicant's personal funds: (Only calculate required amount including funds for J-2 Dependents) $ _____ Per month

Total $ _____ Per month

Total funding per month: $_____ x Number of months _____ = Final Total $ _____

Does this amount meet OIS funding requirements for J-1 and J-2s? ☐ Yes   ☐ No

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Section 7: English Language Proficiency *Required for all applicants, including native English speakers*

Indicate how the sponsoring academic department has certified English proficiency (select one):
NOTE: Host faculty name/signature is <u>only</u> needed for the documented interview option.

☐ Documented interview by the host faculty conducted:
  ☐ In-person ☐ By videoconferencing ☐ By telephone
  I declare that I have interviewed the prospective exchange visitor and have determined that he/she possesses sufficient English proficiency to function day-to-day both at the university and the community, and will be able to fulfill the duties of the appointment. I understand that failure to speak conversational English is grounds for termination of J-1 status.

_____

Host Faculty Name (Print)   Host Faculty Signature   Date of Interview
                                                                            (mm/dd/yyyy)

☐ TOEFL iBT score of 90 with no less than 20 on each section or an IELTS score of 6.5 with no less than 6 on each band score (submit copy of test score with this form)

Section 8: J-1 Screening Questions *This section must be completed by the head researcher or faculty advisor*

To be completed for the following categories: Research Scholars, Short-Term Scholars, and Non-Degree Students conducting full time research

1. Are there any personnel restrictions for this project based on nationality?	☐ Yes	☐ No
2. Are there any publication restrictions on the output of this research?	☐ Yes	☐ No
3. Will the beneficiary be provided access to any of the following:		
a) Technology or information marked export-controlled?	☐ Yes	☐ No
b) Sponsor or third-party proprietary or confidential materials, information, or software?	☐ Yes	☐ No
c) Encryption source code?	☐ Yes	☐ No
d) Equipment or information specifically designed or developed for military or space applications?	☐ Yes	☐ No

4. If you answered "yes" to any of the above questions, please summarize the nature of the work to be performed:

_____
_____
_____
_____
_____
_____

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