Office of International Services

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

Revised
01/18

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 a 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

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/Post-Doc   ☐   4. Non-Degree Student:

☐   2. Professor   ○ Registered Full-Time in Classes:

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

                                          ○ Full-Time Research

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 #
	California		
City	State	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 the amount for each:

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

☐ Other organizations providing support: Specify: _____ $ _____

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

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

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

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