

**CONTINUING SCHOLAR  
DS-2019 REQUEST APPLICATION****INSTRUCTIONS****J-1 Scholars, use this form for the following purpose:**

- Extensions
- Correct the Record
- J-2 Dependent DS-2019 Request
- Reinstatement of J-1 status (when an extension is needed)
- Update DS-2019 to correct or change information

**Please read the following information carefully before you fill out this form:**

1. If your DS-2019 was not issued by ISSS, please contact your J-1 program sponsor for assistance.
2. **U of M Insurance policy:** J-1 scholars and their J-2 dependents must comply with the U of M insurance policy to receive any of the benefits in this application. For information about the policy, please go to: <http://iss.umn.edu/j/insurance.html>.
3. **Faculty verification signature and administrative fees:** Depending on the purpose of this application, Faculty Supervisor/Department Head Signature (page 4) and Faculty/Scholar Administrative Fee Form (page 5) must be provided with this request. Please see Section 1 of this form to see if you need those for this application.
4. **DS-2019 extension:** If you are applying for an extension of your DS-2019, please note that extensions will generally not be prepared more than 60 days prior to the end date on the DS-2019. If you have a J-2 dependent who needs an extension of their J-2 work permission/EAD card, we can extend your stay up to 120 days prior to the expiration date. \*Contact your health insurance provider to make sure your coverage is also extended.\* If you are on U of M payroll, you will need to take your new DS-2019 to Central Payroll in the West Bank Office Building for I-9 verification. If you have a driver's license, you will need to apply for an extension of your license with the MN Department of Motor Vehicles.
5. **Duration of J-1 program:** Your J-1 program may last up to five years (maximum six months for short-term scholars).
6. **How to submit this request form:** This form must be submitted **in person** to a J-1 adviser in ISSS (if you are working at one of the U of M System Campuses or in another state, you can mail the request). **We will not accept your request if this form is not completed or any supporting documents are missing.** Before submitting, please make a copy of your completed application materials for your own records. ISSS is not able to make copies for you.
7. **Required supporting documents:** Be sure to bring the following:
  - Passport (for J-1 and J-2 dependents)
  - Proof of funds (dated within 30 days of application). Separate documentation of U of M funding is not needed if your faculty mentor signs page 4, and a total amount is included in the funding section on the same page.
  - Proof of Health Insurance (Your insurance card. ISSS staff will verify coverage)
  - Scholar Administrative Fee Form (page 5) (if applicable)
8. **Processing time:** It takes **1-2 weeks** for ISSS to process a new DS-2019 after we receive your **complete** application (including all the required supporting documents). You will be notified **by email** when your new DS-2019 form is ready for you to pick up.
9. **Name consistency:** If the name on your Social Security card and/or University records (e.g. payroll) is different from the name in your passport, please contact the appropriate office(s) as soon as possible to find out how to change your name to conform to your passport name. If you have changed your name and your passport reflects your old name, you must change the information in your passport before any requests for a name change can be processed (e.g. name on Social Security card, University database, etc.).

## CONTINUING SCHOLAR DS-2019 REQUEST APPLICATION

For current Professors, Research Scholars, Short-Term Scholars,  
and their J-2s on DS-2019's issued by ISSS only

### SECTION 1: PURPOSE OF THIS APPLICATION

Please check appropriate request.

For the following requests, you must provide us with:

- Faculty Supervisor/Department Head Signature (page 4) & Faculty/Scholar Administrative Fee Form (page 5)

Extension of my stay until  My current DS-2019 expires on   
Date (MM/DD/YYYY) Date (MM/DD/YYYY)

Correct the Record. (My last DS-2019 expired less than 120 days ago.)

For this purpose, I am requesting that my DS-2019 be extended until   
Date (MM/DD/YYYY)

Reinstatement of J-1 Status. (My last DS-2019 expired more than 120 days but less than 270 days ago.)

For this purpose, I am requesting that my DS-2019 be extended until   
Date (MM/DD/YYYY)

For the following requests, no Faculty Signature (page 4) and no Fee (page 5) are required:

Update DS-2019 to correct or change information  
(for example: name change or funding update)

J-2 Dependent DS-2019 Request

Other

### SECTION 2-1: GENERAL INFORMATION

Required for all J-1's to complete.

U of M Employee ID Number:  SEVIS ID#:

J-1 Scholar's Name:  Last/Surname  First/Given

Contact Information:  Home Phone  Work Phone  Email

1. Have you or has anyone else filed an application for an employment-based visa (I-129) or permanent resident status (I-485) on your behalf with the Immigration Service?:

Yes - If yes, please consult with a J-1 advisor in ISSS.  No

2. Are you subject to the Two-Year Home Residency Requirement Rule (212E)? See ISSS website for more about the Two-Year Rule.

Yes  No  Applied for a waiver  Waiver was granted

### SECTION 2-2: J-1 NEW INFORMATION

Enter only new information, if applicable.

1. J-1 Scholar's Name: Please print as it appears in the passport.

Last/Surname  First/Given

2. Country of Citizenship  3. Country of Legal Permanent Residence

U.S. Residential Street Address  Apartment/Room Number   
 City  State  Zip Code

4. Other. Please Specify:

**SECTION 3: DEPENDENT INFORMATION** *Please make copies of this page if you have more than 2 dependents.*

**Do you currently have any J-2 dependents in the U.S.?**

No, I do not have a spouse and/or child(ren), or I do not need a J-2 DS-2019 for my spouse and/or child(ren). Go to section 4.

No, but I am requesting a J-2 DS-2019 for my child(ren) under 21 years of age and/or spouse.

**Your department must create a U of M ID number for each dependent.** Complete the information below for each dependent requesting a J-2 DS-2019. Do not include family members who are U.S. citizens, U.S. permanent residents, or those born in the U.S. Indicate information exactly as written in dependent's passport.

Yes. I have  J-2 dependents in the U.S. and would like to update their information.

For each dependent that needs information changed on their DS-2019(s), provide the dependent's name and the needed information change(s) below. Indicate names exactly as written in dependent's passport.

**DEPENDENT #1**

I am requesting that a J-2 record and DS-2019 are created for this dependent.

This dependent is already in the U.S., and the following information needs to be updated.

This dependent will not continue their J-2 status.

Please cancel the J-2 SEVIS record and DS-2019 for this dependent on (date):   
(If this is chosen, the dependent may not return to the U.S. unless a new DS-2019 is requested.)

U of M ID # (required):

Date of birth (mm/dd/yyyy):

Last Name:

City and Country of Birth:

First Name(s):

Country of Citizenship:

Country of Permanent Residence:

Gender:  Male  Female

Relationship to J-1:  Spouse  Child

**DEPENDENT #2**

I am requesting that a J-2 record and DS-2019 are created for this dependent.

This dependent is already in the U.S., and the following information needs to be updated.

This dependent will not continue their J-2 status.

Please cancel the J-2 SEVIS record and DS-2019 for this dependent on (date):   
(If this is chosen, the dependent may not return to the U.S. unless a new DS-2019 is requested.)

U of M ID # (required):

Date of birth (mm/dd/yyyy):

Last Name:

City and Country of Birth:

First Name(s):

Country of Citizenship:

Country of Permanent Residence:

Gender:  Male  Female

Relationship to J-1:  Spouse  Child

**SECTION 4: CERTIFICATION BY THE SCHOLAR**

I certify that the information given by me in this application is complete and accurate from now until the end date on the requested DS-2019. I understand that this information will be used in generating an official DS-2019, and that it is illegal to provide false information on such documents. I understand that it is my responsibility to provide health and hospitalization insurance that meet J regulatory requirements for myself and my J-2 dependents. I also understand that the University of Minnesota (U of M) requires all international scholars and accompanying dependents to purchase one of the U of M Health Insurance Plan options (either the Student Health Benefit Plan (SHBP), which is available to all scholars and dependents; or the UPlan, which may be available to scholars who are employed by the U of M). My current J-2 dependents and I have the following insurance plan (check one):

U of M Student Health Benefit Plans (SHBP)  U.S.-based employer-sponsored health plan (including U of M Employee Insurance)

Upon my J-2 dependents' arrival, if applicable, I will provide the photocopies of their visa documents (passport, visa stamp, and DS-2019) to ISSS. I also am aware that dependents in J-2 status are not allowed to earn income in the United States without first receiving work permission from the US Citizenship and Immigration Services. By signing below, I verify that I understand and agree to the above information.

Signature

Print Name

Date

## SECTION 5: J-1 ESTIMATE OF EXPENSES

**A. LIVING EXPENSES** This is an estimate of your minimum living expenses for every month covered by this extension.  
 J-1 Minimum \$1,300/month  Multiply x  months to find your total estimated living expenses.  
**TOTAL LIVING EXPENSES FOR J-1: \$**

## B. J-2 DEPENDENTS' EXPENSES

**It is your responsibility to provide full health/hospitalization insurance for your dependents immediately upon their arrival in the United States.** The figures below represent the estimated cost of living (including insurance) for dependents. J-2 dependent expenses are calculated from the month of submission of this document until the J-1's DS-2019 end date. Circle the appropriate number.

J-2 DEPENDENTS  Multiply x  months to find your dependents' living expenses.

1 Dependent \$691 per month                      3 Dependents \$1,196 per month                      5 Dependents \$1,647 per month  
 2 Dependents \$971 per month                      4 Dependents \$1,425 per month

**TOTAL LIVING EXPENSES FOR J-2(s): \$**

**TOTAL Add the figures in the boxes to find your total expenses \$**

## SECTION 6: J-1 SOURCE OF FUNDS

Indicate below the total amount of funding you will have for the extension period. This amount be equal or higher than the amount total in Section 5. **Include documentary evidence for each source of funding dated within 30 days (bank statement, employer letter, financial sponsorship letter, etc.).**

U of M Funding (specify department and type)   \$   
 Title of Position (if employed)   % time  
 # of months  \$   
 U.S. Government agency(ies) (specify source)  \$   
 International Organization(s) (please specify)  \$   
 Exchange Visitor's Government  \$   
 The Binational Commission of the Exchange Visitor's Country  \$   
 All other universities/organizations providing support  \$   
 (please specify)  
 Personal Funds/Savings \$   
**TOTAL Add the figures above to find your total sources of funds \$**

## SECTION 7: FACULTY MENTOR OR DEPARTMENT HEAD VERIFICATION SIGNATURE

I certify that  J-1 Scholar's Name needs an extension of stay until  Date (MM/DD/YYYY)

to continue his/her initial research or educational objectives. If the scholar indicated above that he/she is financially supported by the University of Minnesota, this information is true and correct to my knowledge. I understand that the scholar is not eligible for tenure track positions. Also, if sources of funds include U of M funding, you must answer the following question: Has the U of M received funding from the U.S. government specifically for the purpose of international educational exchange for the exchange visitor (this does not include government grants given to the U of M directly, other than for the specific purpose of exchange)?

Yes  No If yes, please specify with attached letter.

Signature  Phone  Date  
 Email  Print Name  Title

# UNIVERSITY OF MINNESOTA

International Student and Scholar Services  
Global Programs and Strategy Alliance  
University of Minnesota

190 Hubert H. Humphrey School  
301-19th Avenue South  
Minneapolis, MN 55455  
Tel.: 612-626-7100  
Fax: 612-626-7361

## J SCHOLAR ADMINISTRATIVE FEE FORM

If your request requires the ISSS processing fee, the U of M hosting department must provide the following information for budget purposes. This form must be included with the application.

**ALL THE FIELDS IN BOLD ARE REQUIRED.**

**(REQUIRED)**  
**Name of Exchange Visitor**  **EMPLID**

**(REQUIRED)**  
**NAME OF FACULTY REQUESTING DS-2019**  **Email**   
**Phone**

**(REQUIRED)**  
**Non-sponsored Account String**

		<b>Fund</b>	<input type="text"/>		<b>DeptID</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<b>Program</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
					<b>Acct</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**(OPTIONAL)**

<b>CF1</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<b>CF2</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>FinEmplID</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<b>Cost Share</b>	<input type="text"/>	<input type="text"/>							

**(REQUIRED)**

<b>Department Name</b>	<input type="text"/>				
<b>Department Address</b>	<input type="text"/>				
<b>Budget Contact Person</b>	<input type="text"/>				
<b>Phone</b>	<input type="text"/>	<b>Fax</b>	<input type="text"/>	<b>Email</b>	<input type="text"/>

<b>FOR GPS USE ONLY</b>	
<input type="checkbox"/> J-1 (\$310)	Date Sent to GPS <input type="text"/>

**ADVISER CHECKLIST – ISSS STAFF WILL COMPLETE THIS SECTION**

**DOCUMENTS & REQUIREMENTS**

**DS-2019**

Did ISSS issue the DS-2019?  Yes—If yes, proceed with rest of form  
 No —If no, refer to J-1 sponsor

DS-2019 expiration date

Extensions Only: When did the J program begin?

Has the J program exceeded 5 years?  Yes or  No

**Passport**

Passport expiration date

Is passport still valid?  Yes  No—If no, we cannot process DS-2019 request, unless returning home. Refer to home country consulate for renewal.

**Entry Visa**

Type  Number of Entries  Expiration date

If visa stamp will expire before reentry, explain that new visa is needed for reentry except from Canada, Mexico and other contiguous territories.

**Health Insurance**

Coverage verified with OSHB/SHBP (4-0627) \_\_\_\_\_ or HR/UPlan (4-8647, Option 1)

**DEPENDENTS**

Are there J-2 dependents?:  Yes – How many?   No  
Does the J-2 dependent have work permission?:  Yes  No

**TRAVEL**

Is the J-1 traveling?  Yes  No

Is J-2 traveling?  Yes  No – If yes, each traveling J-2 needs to have a valid reentry signature on his/her own DS-2019.

Is the J-1 traveling without the J-2? If yes, discuss implications.

Tell them they must see if they need a visa to get into Canada or Mexico. Check if their US entry visa will work for reentry.

ISSS Adviser Initials  Date