

**Request for J-1 Visa Certificate (Form DS-2019)  
For Visiting Scholars**

*INTERNATIONAL SERVICES, LOUISIANA STATE UNIVERSITY  
101 Hatcher Hall Phone: (225) 578-3191 Fax: (225) 578-1413*

This form is used to request a Certificate of Eligibility for Exchange Visitor Visa (J-1) status/ Form DS-2019, a document issued by International Services to foreign faculty and researchers for their use in applying for a J-1 visa at the US consulate abroad and to apply for admission to the United States. This form should be completed by the host department, signed by the department head, and sent to the International Services for processing.

The purpose of the J-1 Exchange Visitor Program is to provide foreign nationals with opportunities to participate in educational and cultural programs in the United States and return home to share their experiences. Although the J-1 category allows employment in certain circumstances, its purpose is to promote international exchange. Therefore, the J-1 Exchange Visitor category is not to be used for the sole purpose of employment. Individuals accepting tenure-track or permanent positions will not be employed under J-1 status. The J-1 is not appropriate for activities that involve clinical patient care, including animal patients.

**SECTION I: GENERAL INFORMATION**

1. Exchange Visitor's Name (Family, First, Middle) \_\_\_\_\_  
\_\_\_\_\_

2. Dates of visit (MM/DD/YR): From: \_\_\_\_\_ To: \_\_\_\_\_

3. Host Department: \_\_\_\_\_

4. Department Address: \_\_\_\_\_

5. Department Contact: \_\_\_\_\_

6. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

7. Host Professor/Sponsor: \_\_\_\_\_

8. Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

9. Is there a possibility that visitor will extend stay beyond dates given above? \_\_\_\_\_

If yes, what is the maximum anticipated timeframe? \_\_\_\_\_

Please explain: \_\_\_\_\_

10. What is the proposed job title approved by HRM (*J-1 visa will not be used for tenure track positions; or positions that require animal or human patient contact*):  
\_\_\_\_\_

Attach copies of approved WorkDay form; State N/A if WorkDay entry is not applicable:

**SECTION II: EXCHANGE VISITOR AND PROGRAM INFORMATION**

11. Gender (Male / Female): \_\_\_\_\_ Date of Birth (MM/DD/YR): \_\_\_\_\_

12. City of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

13. Country of Citizenship: \_\_\_\_\_ Country of Permanent Residence: \_\_\_\_\_

14. Occupation and employer in country of legal permanent residence: \_\_\_\_\_

15. Research area: \_\_\_\_\_

16. In which country and city **outside the United States (US embassy/consulate abroad)**, will the visitor apply for the J-1 visa? \_\_\_\_\_

17. Has the visitor held J-1 or J-2 immigration status at any institution in the past 24 months?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, give dates and location and attach copies of current and / or previous forms DS-2019.

18. Will visitor be going to other institutions as well? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, give location and dates. \_\_\_\_\_

19. Will visitor be accompanied by spouse or children? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give names, dates of birth, and places of birth, in the DEPENDENT INFORMATION section.

20. Visitor's e-mail address: \_\_\_\_\_

21. Visitor's home address: \_\_\_\_\_

22. If the visitor is a graduate student in the home country, are they coming through an agreement between the home institution and LSU? \_\_\_\_\_ YES \_\_\_\_\_ NO

23. If yes, please provide brief information (if available) about the agreement \_\_\_\_\_

24. Is the visitor coming through an individual agreement between the student and the LSU faculty?

\_\_\_\_\_ YES \_\_\_\_\_ NO

25. The purpose of the J-1 Exchange Visitor Program is to provide foreign nationals with opportunities to participate in educational and cultural programs in the US, and return home to share their experiences; and to encourage Americans to participate in educational and cultural programs in other countries. Please provide a detailed description of the purpose of the visitor's visit to LSU. Attach additional information to help us understand the program objective of the visit (e.g. letter of intent, invitation letter, full job or program description, etc.).

---



---



---



---

**SECTION III: FUNDING INFORMATION**

List all sources of support for the visitor during the visit. Provide documentation of any NON-LSU funding. The documentation may be in the form of bank letters, if personally funded, or a letter from the funding organization specifying the dates and total amount of funding.

The minimum amount of money required for living expenses and insurance is \$1,300.00 per month for the principal J-1 Visa holder. If dependents will accompany the scholar, documentation showing additional funds of \$4,000.00 for the spouse and \$3,000.00 per child for the initial exchange period must be submitted.

SOURCE	AMOUNT
LSU	\$ _____
Visitor's Government	\$ _____
Other Organizations	\$ _____
Personal Funds	\$ _____

**SIGNATURE OF PERSON WITH HIRING AUTHORITY**

Department Head's Name: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**SECTION IV: DEPENDENT INFORMATION**

1. Name: \_\_\_\_\_  
                        FAMILY  FIRST  MIDDLE
2. Male / Female \_\_\_\_\_ Date of Birth: \_\_\_\_\_ MM/DD/YR
3. Place of Birth: City: \_\_\_\_\_ Country: \_\_\_\_\_
4. Citizen of: \_\_\_\_\_ Legal Permanent Resident of: \_\_\_\_\_
5. Relationship to visitor: \_\_\_\_\_
- 

1. Name: \_\_\_\_\_  
                        FAMILY  FIRST  MIDDLE
2. Male / Female \_\_\_\_\_ Date of Birth: \_\_\_\_\_ MM/DD/YR
3. Place of Birth: City: \_\_\_\_\_ Country: \_\_\_\_\_
4. Citizen of: \_\_\_\_\_ Legal Permanent Resident of: \_\_\_\_\_
5. Relationship to visitor: \_\_\_\_\_
- 

1. Name: \_\_\_\_\_  
                        FAMILY  FIRST  MIDDLE
2. Male / Female \_\_\_\_\_ Date of Birth: \_\_\_\_\_ MM/DD/YR
3. Place of Birth: City: \_\_\_\_\_ Country: \_\_\_\_\_
4. Citizen of: \_\_\_\_\_ Legal Permanent Resident of: \_\_\_\_\_
5. Relationship to visitor: \_\_\_\_\_
- 

1. Name: \_\_\_\_\_  
                        FAMILY  FIRST  MIDDLE
2. Male / Female \_\_\_\_\_ Date of Birth: \_\_\_\_\_ MM/DD/YR
3. Place of Birth: City: \_\_\_\_\_ Country: \_\_\_\_\_
4. Citizen of: \_\_\_\_\_ Legal Permanent Resident of: \_\_\_\_\_
5. Relationship to visitor: \_\_\_\_\_
-