



Request for Issuance of Form DS-2019
International Students and Scholars
University of Montana

Please note:

Professors and Research Scholars previously on a J-1 visa program may be subject to a 12 or 24 month bar before participating. Please contact Global Engagement Services for further information.

Instructions:

Please provide the following information and return with the signed approvals for final processing to Mary Nellis, Global Engagement Services, Lommasson Center 219, University of Montana, Missoula, Montana 59812, (406) 243-6040 or mary.nellis@umontana.edu

1. Full Name (as it appears on passport):

| | |
|------------------------|--|
| Family name | |
| First name | |
| Middle name (optional) | |

2. Gender:

| | | | |
|--------|--|------|--|
| Female | | Male | |
|--------|--|------|--|

3. Date of Birth:

| | |
|-------|--|
| Month | |
| Day | |
| Year | |

4. City of Birth:

| |
|--|
| |
|--|

5. Country of Birth:

| |
|--|
| |
|--|

6. Country of Citizenship:

| |
|--|
| |
|--|

7. Country of Legal Permanent Residence:

| |
|--|
| |
|--|

8. Position in Home Country and Employer:

| |
|--|
| |
|--|

9. Reason for Issuance of DS-2019:

| | |
|--|--|
| Begin a new program | |
| Extension of Program | |
| Transfer to a different program | |
| Replace lost form | |
| Permit visitor's immediate family to enter U.S. separately | |

10. Period of Program:

Start

| | |
|-------|--|
| Month | |
| Day | |
| Year | |

End

| | |
|-------|--|
| Month | |
| Day | |
| Year | |

11. Category at UM:

| | |
|--------------------|--|
| Student | |
| Professor | |
| Research Scholar | |
| Short-term Scholar | |
| Specialist | |
| Student Intern | |

12. Duties at UM:

(Write a one paragraph concise statement of the scholar's project while at the University of Montana and its relationship to the University of Montana and the faculty counterparts' research interests (attach CV and/or other information))

13. Source and Amount of Financial Support For the Entire Period (Use totals, not monthly figures; in addition to salary, specify value of any supplemental support for travel, housing, etc.):

| | |
|-----------------------|----|
| Program Sponsor (UM): | \$ |
|-----------------------|----|

| | |
|---------------------------|----|
| U.S. Government Agencies: | \$ |
| Please list agency name: | |

| | |
|------------------------------|----|
| International Organizations: | \$ |
| Name of Organization: | |

| | |
|--|----|
| Bi-national Commission of the visitor's country: | \$ |
|--|----|

| | |
|--------------------------------|----|
| Exchange Visitor's Government: | \$ |
|--------------------------------|----|

| | |
|--------------------------|----|
| All Other Organizations: | \$ |
|--------------------------|----|

| | |
|-----------------------|--|
| Name of Organization: | |
|-----------------------|--|

| | |
|-----------------|----|
| Personal Funds: | \$ |
|-----------------|----|

14. List prior periods of stay in the U.S. in "J" classification for self and any dependent family members during the past twenty-four (24) months:

Start

| | |
|-------|--|
| Month | |
| Day | |
| Year | |

End

| | |
|-------|--|
| Month | |
| Day | |
| Year | |

15. If accompanied by dependents, please complete the following:
(copy and paste to create as many charts as necessary):

| | |
|---------------------------|--|
| Name | |
| Relationship | |
| Citizenship | |
| Date of birth | |
| City and Country of Birth | |

16. Medical Insurance Requirements:

The department understands the exchange visitor and dependents will comply with J-1 medical insurance requirement. The department also understands that if the exchange visitor evades the medical insurance responsibility, the program is subject to termination.

Minimum coverage shall provide:

- Medical benefits of at least \$100,000 per accident or illness;
- Repatriation of remains in the amount of \$25,000;
- Expenses associated with medical evacuation of exchange visitor to his/her home country in the amount of \$50,000;
- A deductible not to exceed \$500 per accident or illness.

Scholar has been notified of health-insurance coverage requirements?

| | | | |
|-----|--|----|--|
| Yes | | No | |
|-----|--|----|--|

17. Certification of English Language Proficiency

The Department of State requires scholars to have “sufficient proficiency in English language, as determined by an objective measurement of English language proficiency to participate in his or her program and to function on a day-to-day basis.”

[22 CFR 62.10(a)(2)]

Indicate manner by which English proficiency for the prospective exchange scholar has been conducted:

A copy of the test score (TOEFL; IELTS; Other _____)

Certification by an academic institution or English language school

Certification by sponsoring Professor/Administrator via interview conducted:

In person By Videoconference By Phone

18. Exchange Visitor:

| | |
|-----------------|--|
| Email address | |
| Phone number | |
| Mailing address | |

19. Emergency Contact:

| | |
|---------|--|
| Name | |
| Address | |
| Email | |
| Fax | |

20. University of Montana Program Information:

(a) Name of Primary UM Faculty/Staff Contact and contact information:

| | |
|--------------------------------|--|
| Name | |
| Department of UM Faculty/Staff | |
| Phone number | |
| Email address | |

(b) Scholar will be provided with an office?

| | | | |
|-----|--|----|--|
| Yes | | No | |
|-----|--|----|--|

(c) Housing arrangements have been made?

| | | | |
|-----|--|----|--|
| Yes | | No | |
|-----|--|----|--|

(d) Scholar has been advised regarding Federal and State taxes and relevant tax treaties:

| | | | |
|-----|--|----|--|
| Yes | | No | |
|-----|--|----|--|

(e) Name of person who will meet and greet scholar at airport:

| | |
|--------------------------------|--|
| Name | |
| Department of UM Faculty/Staff | |
| Phone number | |
| Email address | |

Approvals and Signatures

Contact person at UM:

| | | | |
|------------------|--|---------------|--|
| Printed Name | | | |
| Phone number | | Email address | |
| Signature & date | | | |

Person preparing request:

| | | | |
|------------------|--|---------------|--|
| Printed Name | | | |
| Phone number | | Email address | |
| Signature & date | | | |

Dept./Unit Head:

| | | | |
|------------------|--|---------------|--|
| Printed Name | | | |
| Phone number | | Email address | |
| Signature & date | | | |

Dean/Division Head:

| | | | |
|------------------|--|---------------|--|
| Printed Name | | | |
| Phone number | | Email address | |
| Signature & date | | | |

Director of Global Engagement:

| | | | |
|------------------|--|---------------|--|
| Printed Name | | | |
| Phone number | | Email address | |
| Signature & date | | | |

Return to:

Mary Nellis
Global Engagement Services
International Students and Scholars
Emma B. Lommasson Center 219
University of Montana
Missoula, Montana 59812
Phone: (406) 243-6040
Fax: (406) 243-6115
E-mail: mary.nellis@umontana.edu