

**Request for Issuance of Form DS-2019**  
**Foreign Student and Scholar Services**  
**The 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 Foreign Student and Scholar Services for further information.**

Please provide the following information and return with the signed approvals for final processing to Barb Seekins, Foreign Student and Scholar Services, Lommasson Center 219, The University of Montana, Missoula, Montana 59812, 406-243-6183 or fsss@umontana.edu.

1. FULL NAME (As it appears on passport):

Family Name                      First Name                      Middle(optional)

2. MALE \_\_\_ FEMALE \_\_\_

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: (month/day/year) From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_

11. Category at UM:

Student \_\_\_\_\_ Professor \_\_\_ Researcher Scholar \_\_\_ Short-term Scholar \_\_\_  
Specialist \_\_\_\_\_ Student Intern \_\_\_\_\_

12. Duties at UM (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): \$(USD)

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: \$

Before a DS-2019 can be issued, we must have on file proof of adequate financial support. Please submit a statement from the sponsor or funding source. Personal funds must be accompanied by a bank statement.

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 (attach copies of all previous DS-2019's):

Period in U.S.: (month/day/year) From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_

15. If accompanied by dependents, please complete the following:

| <u>Name</u> | <u>Relationship</u> | <u>Citizenship</u> | <u>Date, City and Country of Birth</u> |
|-------------|---------------------|--------------------|----------------------------------------|
|-------------|---------------------|--------------------|----------------------------------------|

16. 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: 1. Medical benefits of at least \$50,000 per accident or illness; 2. Repatriation of remains in the amount of \$7,500; 3. Expenses associated with medical evacuation of exchange visitor to his/her home country in the amount of \$10,000; 4. A deductible not to exceed \$500 per accident or illness.

Scholar has been notified of health-insurance coverage requirements? Yes \_\_\_ No \_\_\_

17. Mailing address of Exchange Visitor (include email address and phone number):

18. Emergency Contact: Name \_\_\_\_\_ Address \_\_\_\_\_  
Fax \_\_\_\_\_ Email \_\_\_\_\_

19. UNIVERSITY OF MONTANA PROGRAM INFORMATION

- a) UM Sponsor (requesting Department)
- b) Name of Primary UM Faculty/Staff Contact and contact information:
- c) Scholar will be provided with an office? Yes \_\_\_\_ No \_\_\_\_\_
- d) Housing arrangements have been made? Yes \_\_\_\_ No \_\_\_\_\_
- f) Name & telephone number of person who will meet and greet scholar at airport:

**APPROVALS AND SIGNATURES**

Contact person at UM (include phone and date):

Person preparing request (include phone and date):

Dept/Unit Head (include phone and date):

Dean/Division Head (include phone and date):

Director of International Programs (include phone and date):

**Return to:**

Barb Seekins  
Foreign Student & Scholar Services  
Emma Lommasson Center 219  
The University of Montana  
Missoula, Montana 59812  
Phone: (406) 243-6183  
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