



J-1 EXCHANGE VISITOR INFORMATION SHEET

For issuance of Form DS-2019 by the Texas International Education Consortium (TIEC), the following information must be provided. For J-1 Exchange Visitors who will be transferring, include copies of their previous DS-2019 form(s), J-1 Visa, and I-94 Arrival/Departure Record. *The requesting educational institution agrees to pay to TIEC a non-refundable fee of \$295 for this service.*

Please fill out and send this signed form and other required documents to tiep@tiec.org or to the contact information below.

DS 2019
Texas International Education Consortium
1103 West 24th Street, Austin, Texas 78705 USA
Tel: (512) 477-4511 Fax: (512) 322-0592

Exchange Visitor will be a: Research Scholar Professor Short-Term Scholar (< 6 months) Student Student Intern
*A Research Scholar or Professor is eligible for a total of 5 years as a J-1. When the J-1 Research Scholar or Professor ends the J program, he may not return as a J-1 Research Scholar or Professor for 24 months.
*A Short-Term Scholar can be here for a maximum of 6 months. This cannot be extended. However, the Short-Term Scholar can return to the U.S. in J status inside of 12 months of departure from U.S. This category is good for people who will be coming for multiple short visits.

Full Name: _____ Gender: _____
Last First Middle

Permanent Address (Including postal code if applicable): _____

Date of Birth: _____ Place of Birth: _____
MM/DD/YYYY City Country

Country of Legal Permanent Residence: _____ Country of Citizenship: _____

Occupation and Employer in Home Country (Attach Resume): _____ Title Employer
Final Degree (e.g., Ph.D.) _____

Any Previous Visits to the U.S. on J-1 Status in the Last 24 Months? _____ If yes, attach copies of all previous DS 2019 Forms.

Accompanied by Family Members? _____ If yes, provide a copy of the passport identification page for each family member and fill out the next page.

Period of Exchange Program: _____ to _____
MM/DD/YYYY MM/DD/YYYY

Field of Research/Teaching: _____

Description of Duties/Research/Teaching: _____

Total Amount of Funding From the U.S. Sponsoring Institution for the Above Listed Program Period: _____ Total \$

Total Amount of Funding from Other Institutions: _____ Total \$ Name: _____

Amount of Personal Funding: _____ \$

***PROOF OF FUNDING AND SOURCE IS REQUIRED.**

***PROOF OF ENGLISH PROFICIENCY IS REQUIRED BY FEDERAL REGULATION 22 CFR 62.10(a)(2).**

See the next page for the information.

***HEALTH INSURANCE IS REQUIRED BEGINNING ON THE PROGRAM START DATE FOR THE EXCHANGE VISITOR AND ALL ACCOMPANYING DEPENDENTS. See the minimum requirements on the next page.**

SPONSORING INSTITUTION INFORMATION

Name of Sponsoring Institution Requesting DS2019: _____

Name of Official to Whom the Exchange Visitor Will Be Responsible: _____

Title: _____ Department: _____

Address (Including City, State, and Zip Code): _____

Phone: () _____ Ext. _____ Fax: () _____ Email: _____

SIGNATURE OF OFFICIAL: _____ Date: _____

MM/DD/YYYY



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J-1 DEPENDENTS' INFORMATION

Please attach copies of their passports.

Name	City of Birth	Country of Birth	Country of citizenship	Country of legal permanent residence	Relationship to J-1

PAYMENT INFORMATION

Group or individual responsible for the \$295 TIEC DS-2019 processing fee payment: _____

Address for invoice: _____

Phone: () _____ Ext. _____ Fax: () _____ Email: _____

Original DS-2019s will be mailed to the coordinating office at the host institution unless otherwise specified. FedEx service is available for a \$60 fee.

PROOF OF ENGLISH PROFICIENCY

Some acceptable methods of verifying that the exchange visitor has sufficient proficiency in English to participate in his or her program:

- Adequate scores on English proficiency tests such as iBT TOEFL, IELTS, and TOEIC, or scores on other standardized tests in English such as GRE and GMAT
- Interview(s) with the exchange visitor by faculty at the sponsoring institution who determine that the exchange visitor has sufficient English proficiency. The interview must be conducted either in-person or by videoconferencing, or by telephone if videoconferencing is not a viable option
- Signed documentation from an academic institution or English language school

The type of assessment that is used and the level of English proficiency that is considered sufficient will likely vary from exchange visitor to exchange visitor depending on the nature of the program undertaken in the U.S. (e.g., observation, research, and/or teaching). The exchange visitor must possess sufficient proficiency in the English language to successfully participate in his or her program and to function on a day-to-day basis.

REQUIRED MINIMUM INSURANCE COVERAGE

Major Medical Coverage.....	\$100,000
Medical Evacuation.....	\$50,000
Repatriation of Remains.....	\$25,000
Maximum Deductible per Accident/illness.....	\$500

MINIMUM POLICY RATING (Must Comply With One)

- A.M. Best rating of "A-" or above;
- Insurance Solvency International Ltd., rating of "A-" or above;
- Standard and Poor's rating of "A-" or above
- Weiss Research, Inc. rating of "B+" or above

****All policies must fully comply with the Patient Protection and Affordable Care Act****