

DS 2019 Request Form for J-1 Visa

The **Form DS-2019** is used to obtain a **J-1 visa** in order to enter the U.S. for a designated period of time as an exchange visitor, **student, visiting professor, or research scholar**. Please complete this form and return it along with the supporting documents to Andrea M. Voogd, International Student Services, 216 University Hall Bowling Green, OH 43403. If you are outside of the U.S., please return the form electronically to avoogd@bgsu.edu.

Before the Form DS-2019 can be issued, **all** of the requested information must be presented. An individual who plans to register as a student must first be accepted to the University and enter the U.S. in the J-1 "student" category. **Please note that the United States Information Agency (U.S.I.A.) will review any effort to change one's category (i.e. from student to researcher or professor) after the individual has entered the U.S. and could issue a denial.**

Under the terms of the J-1 visa, the holder must be committed to returning home. The Consular Officer at the American Embassy will **DENY** the J-1 request if individuals indicate in any manner that they will not return to the country at the end of their degree program or research period. Please call Andrea Voogd (419) 372-2247 if you have any questions or would like further clarification.

******For ALL APPLICANTS******

A financial letter indicating the source and amount of funding must be returned with this form.

For the student category only, the financial statement must show a substantial portion of the funding as coming from other than family or personal sources. Exchange Visitors only must document that they have satisfactory health insurance coverage.

If the individual wishes family members to accompany, the names, birth dates, and country of birth of the dependents must be submitted with this request. Additional verification of funding demonstrating \$3,000 for the first dependent and \$2,000 per each additional dependent must also be included. U.S.I.A. requires that dependents also have health insurance coverage.

PLEASE NOTE AN ADDITIONAL VISA FEE MUST BE PAID PRIOR TO VISA ISSUANCE. THIS IS CALLED A SEVIS FEE.

1. Family Name: _____
2. First Name: _____
3. Middle Name: _____
4. Suffix: Ms. Mr.
5. Date of Birth: _____
(MM/DD/YYYY)
6. Gender: Male Female
7. City of Birth: _____
8. Country of Birth: _____
9. Country of Citizenship: _____

International Student Services
BOWLING GREEN STATE UNIVERSITY

10. Country of Legal permanent Residence: _____

11. Email Address: _____

12. Current Position: _____

13. Exchange Visitor Category: Research Scholar Student Visiting Professor

15. Foreign Address:

Address 1: _____

Address2: _____

City: _____

Country: _____

Province/Territory: _____

Postal Code: _____

16. Program Begin Date _____
 (MM/DD/YYYY)

17. Program End Date: _____
 (MM/DD/YYYY)

18. Will you be accompanied by a dependent? Yes No

If **yes** fill in below:

Sur Name	Given Name	Birthdate	Relation Spouse or Child	City of Birth	Country of Citizenship	Email Address

19. BGSU Funding: \$0 Fill in amount _____
 (Attach BGSU funding offer)

20. Home School/University Funding: \$0 Fill in amount _____
 (Attach Home/University funding offer)

21. Personal Funding: \$0 Fill in amount _____

22. Government Funding: \$0 Fill in amount _____
 (Attach evidence of ability)

23. [Export Controls](#) Clearance:

Is the proposed student from one of the countries listed below? Yes No

Iran, Cuba, Syria, North Korea, Iraq See [Sanctions Program and Country Summaries](#) and the [EAR's Part 746 embargoes pages](#) for more specific information.

If yes, does the activity meet Fundamental Research Exclusion (see attached)? Yes No