

**REQUEST FOR CERTIFICATE OF ELIGIBILITY FOR J-1 VISA (FORM DS-2019)**

Services to International Students & Scholars (SISS)  
University of California, San Francisco  
513 Parnassus Avenue, Room S-04, Box 0477  
Telephone: (415) 476-1773 Fax: (415) 476-8119  
Website: <http://student.ucsf.edu/siss> Email: [visa@itsa.ucsf.edu](mailto:visa@itsa.ucsf.edu)

**\*\*Please submit 4 MONTHS or earlier before expected start date.\*\***

Please send form to above address to request DS-2019 to be sent to foreign visitor to enable him/her to obtain a J-1 visa.

**Please reprint on goldenrod-colored paper.**

PLEASE PRINT OR TYPE

**SCHOLAR \*\*\*Attach copy of passport name page(s)\*\*\***

Surname (Family Name): \_\_\_\_\_ Given Name: \_\_\_\_\_  
(as it appears in passport) (as it appears in passport)

Gender:  Male  Female Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ City & Country of Birth: \_\_\_\_\_  
mm dy yyyy

Citizen of: \_\_\_\_\_ Legal Permanent Resident of (country): \_\_\_\_\_

Current or last employment position in home country: \_\_\_\_\_

Current Institution: \_\_\_\_\_ Location: \_\_\_\_\_

Highest degree obtained, field and date: \_\_\_\_\_

(NOTE: If scholar has an M.D., attach a separate statement regarding "no patient contact." Please use government-prescribed wording as follows on department letterhead, signed by the department chair:

TO WHOM IT MAY CONCERN:

This certifies that the program in which \_\_\_\_\_ is to be engaged is solely for purpose of observation, consultation, teaching or research and that no element of patient care services is involved.

Do **NOT** use this request form for physicians with patient contact, but instead call Services to International Students & Scholars at 476-1773.

Has the scholar ever held J-1 or J-2 visa status in the past?  Yes  No If so, attach copies of all IAP-66 and/or DS-2019's within the past 2 years.

**APPOINTMENT**

Expected dates of UC appointment: from: \_\_\_\_/\_\_\_\_/\_\_\_\_ to: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dy yyyy mm dy yyyy

"Short Term Scholar?" (Appointment of 6 months or less, no possibility of extension)  Yes  No

UC Appointment Title: \_\_\_\_\_

Brief *non-technical* description of scholar's program: \_\_\_\_\_

Full Address of work site: \_\_\_\_\_

Name of faculty sponsor (PI): \_\_\_\_\_

**HEALTH INSURANCE REQUIREMENT**

Federal regulations require J-1 visitors and their family members to be covered by health insurance, medical evacuation and repatriation coverage. Documentation of insurance coverage throughout their stay must be verified by host department.

Select one of the options below	For J-1 Visitor	For J-2 Family Members
UCSF Department will enroll participants in University coverage AND purchase medical evacuation and repatriation coverage		
J-1 visitor will purchase insurance from a private carrier and provide written documentation to UCSF Department		
J-1 visitor's home institution/government will provide insurance coverage and written documentation to UCSF Department.		

<b>FINANCIAL SUPPORT</b> Documentation of financial support must be verified by host department.	Dollar Amount (for <i>entire period</i> listed above)	Name of Agency or Other Source & UC grant number (if applicable)
University of California (include research grants to UC)	\$	
Exchange Visitor's Government or Government-funded Agencies	\$	
Personal Funds (please submit original documentation with this form and convert to \$U.S.)	\$	
Other (please specify)	\$	

**DEPENDENTS \*\*\*Attach copy of passport name page(s)\*\*\***

Dependent information required by federal regulations:

Number of dependents to accompany scholar: \_\_\_\_ Number to follow later: \_\_\_\_

1) Full Name of Dependent: \_\_\_\_\_  
(as it appears in passport) Surname (Family Name) Given Name

Relationship to Applicant: \_\_\_\_\_ Gender:  Male  Female

Birthdate (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_ City and Country of Birth: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Country of Legal Permanent Residency: \_\_\_\_\_

Travel Information:  Accompany Scholar  Follow Later

2) Full Name of Dependent: \_\_\_\_\_  
(as it appears in passport) Surname (Family Name) Given Name

Relationship to Applicant: \_\_\_\_\_ Gender:  Male  Female

Birthdate (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_ City and Country of Birth: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Country of Legal Permanent Residency: \_\_\_\_\_

Travel Information:  Accompany Scholar  Follow Later

3) Full Name of Dependent: \_\_\_\_\_  
(as it appears in passport) Surname (Family Name) Given Name

Relationship to Applicant: \_\_\_\_\_ Gender:  Male  Female

Birthdate (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_ City and Country of Birth: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Country of Legal Permanent Residency: \_\_\_\_\_

Travel Information:  Accompany Scholar  Follow Later

For additional dependents, please attach separate page.

**SCHOLAR INFORMATION**

Email Address of Scholar: \_\_\_\_\_ Phone Number of Scholar: \_\_\_\_\_

Home country (permanent) address of scholar \*: \_\_\_\_\_

Current mailing address (if different)\*: \_\_\_\_\_

(If in U.S., please call 476-1773 to discuss)

Speed Chart # (Dept purchase order #): \_\_\_\_\_ for sending DS-2019 by Air Courier

**\*IMPORTANT: Please remember to include Zip/Postal Code**

# \$100 SEVIS FEE Information for Department Administrators

## Background

Beginning September 1, 2004, the U.S. Department of Homeland Security (DHS) will collect a congressionally mandated \$100 fee to cover costs for the continued operation of SEVIS, the Student and Exchange Visitor Information System. SEVIS is the electronic system for collecting, maintaining, and managing information about international students and scholars.

## Who is subject to the fee?

Initial F-1 and J-1 applicants are required to pay the fee. Family members in F-2 and J-2 status are exempt.

## How is the fee paid?

The UCSF department is NOT required to pay the fee but must choose one of the following three options.

## Please check how the SEVIS fee will be paid:

### Option #1

The UCSF department requires that **the international student or scholar pay the SEVIS fee on their own without SISS assistance**. This can be done by either one of these two processes:

a) Accessing the DHS website at <https://www.fmjfee.com/index.jhtml>, completing Form I-901 online, and paying the fee with a personal credit card

**OR**

b) Downloading and printing Form I-901 from the DHS website at <http://www.ice.gov/graphics/sevis/pdf/I-901.pdf>, completing Form I-901 manually, and mailing it along with a check or money order to the U.S. address listed on Form I-901

### Option #2

The UCSF department requires that the international student or scholar pay the SEVIS fee by following the steps above in Option #1 and then **reimburses the student or scholar upon arrival at UCSF**.

**Warning!** It may take DHS several weeks to process the payment by mail. For an additional \$30, international scholars may request that DHS send them the receipt by courier service. If possible, it is highly recommended that the fee be paid by credit card using the online system to avoid potential problems or delays.

### Option #3

The UCSF department pays the SEVIS fee on behalf of the international student and scholar **with the assistance of SISS**:

a) Submit to SISS departmental credit card information with this request packet:

Credit cardholder's name as it appears on the credit card: \_\_\_\_\_

Credit cardholder's address as it appears on the billing statement:

Street Number and Name Apt # City State Zip/Postal Code

Credit card type (please circle one): a) American Express b) Mastercard c) Visa

Credit card number: \_\_\_\_\_ Credit card expiration date (mm/yyyy): \_\_\_\_/\_\_\_\_

By submitting this request form, I understand my credit card will be charged a \$100 **NONREFUNDABLE** SEVIS fee amount: \_\_\_\_\_

Cardholder Signature and Authorization \_\_\_\_\_

Date \_\_\_\_\_

**OR**

b) Attach a check or money order made payable to: *I-901 Student/Exchange Visitor Processing Fee* to this J-1 request packet

**Warning!** If departments choose to pay the nonrefundable fee by check or money order, it may take DHS several weeks to process the payment and issue the receipt needed to procure a visa. Therefore, it is highly recommended that the fee be paid by credit card using the online system to avoid potential problems or delays. *UCSF departments are not allowed to recharge the \$100 Department of Homeland Security fee. It must be paid by credit card or check attached to this form.*

**QUESTIONS? PLEASE CALL 476-1773.**

## Department Declaration

In compliance with federal regulations governing the J-1 Exchange Visitor Program, we certify that, to the best of our knowledge, the information contained in this request form is true and accurate. Furthermore, we certify that as the host department, we will:

### Pre-arrival

1. Verify that the exchange visitor is eligible, qualified, and accepted for the program in which s/he will be participating.
2. Verify that the exchange visitor possesses sufficient proficiency in the English language to participate in his or her program.
3. Verify that the scholar has adequate financial resources to complete his/her program, and to support any accompanying dependents.
4. Notify Services to International Students & Scholars if the scholar will not arrive in time to begin his/her program on the requested start date.

### After arrival

1. Ensure that the scholar's activities at UCSF are consistent with the objectives listed on his or her DS-2019.
2. Monitor the progress and welfare of the scholar, providing any assistance/advice needed to facilitate the successful completion of the program.
3. Ensure that the scholar obtains and maintains a health insurance policy for him/herself and his/her dependents for the duration of his/her J-1 program at UCSF.
4. Monitor scholar's visa status end date, and submit timely requests for extension to Services to International Students & Scholars.

### Required Notifications (IMPORTANT!!)

Notify UCSF Services to International Students & Scholars *immediately* of:

1. Scholar's arrival in the U.S.
2. Any changes in the scholar's program or activity, including anticipated employment or payment not listed on the scholar's DS-2019.
3. Any change in scholar's U.S. home address and telephone number.
4. Any change in scholar's funding source and reductions in UC salary.
5. Any change of scholar's work site address or scholar's host department.
6. Any change in scholar's biographical info (name changes, country of citizenship, permanent residency, etc.).
7. Requests to bring additional dependents not listed on this form, and any change in scholar's dependent(s) biographical information (name changes, country of citizenship, permanent residency, etc.).
8. Scholar's completion, termination, or withdrawal from the program or UC appointment.

### **AUTHORIZATIONS**

Department Administrator preparing form:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Department: \_\_\_\_\_ Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Box #: \_\_\_\_\_ Date: \_\_\_\_\_

Department Chair:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\* REMINDER: THIS FORM SHOULD BE SUBMITTED TO THE SISS OFFICE  
4 MONTHS OR EARLIER BEFORE EXPECTED ARRIVAL OF VISITOR. \*\***