

**SCHOLAR FORM DS-2019 REQUEST – MILLER SCHOOL OF MEDICINE**  
**Certificate of Eligibility for Exchange Visitor (J-1) Status**

**PURPOSE OF THIS FORM:** to request a Form DS-2019 for a scholar for one of the following purposes: (1) Begin a new program; (2) Extend an on-going program; (3) Transfer from a different program; (4) Amend a previous Form DS-2019.

**INSTRUCTIONS:** In order for your request for Form DS-2019 to be considered, you must complete this form in its entirety and submit it with the proper attachments to the Department of International Student and Scholar Services (ISSS) by the deadline for submission. Once all is submitted to ISSS, the Responsible or Alternate Responsible Officer will determine if the prospective exchange visitor meets the qualifications and eligibility for the exchange visitor (scholar) program as required by the U.S. Department of State. Please note that support staff positions are not appropriate for participants in the exchange visitor program. Only applications for faculty and non-faculty, researcher/scientist positions will be considered in the context of this program.

**Failure to submit this request by the proper deadline will not only delay a scholar's arrival, but may also result in a violation of a scholar's J-1 status. Should a violation of status occur, the scholar would be prohibited from employment until reinstated by the U.S. Department of State. The reinstatement process may take several months.**

**SECTION A: Indicate the purpose of this request.**

**1. ( ) Begin a new program ( ) accompanied by \_\_\_\_\_ immediate family members (only legally married spouse and minor children qualify) Attachments (all attachments must be written in English; if an attachment is not available in English, the attachment must be accompanied by a certified English translation):**

- Prospective scholar's current curriculum vitae. The candidate must have appropriate academic or similar credentials for his or her respective J-1 program category. Candidates who are in the process of completing a university degree but have not yet obtained such a degree may qualify for a short-term scholar program; however, they are not eligible for a research scholar or professor program.
- Certification of English Language Proficiency, completed by the Departmental Sponsor.
- A copy of the passport biographical data page for the prospective scholar and any dependents listed on this DS-2019 request.
- A paid appointment intent letter or courtesy appointment invitation letter, signed by the Departmental Sponsor.
- Copy of UM offer letter (only for prospective scholars with UM funding).
- Letter of financial support if funding is from a source other than the University of Miami, with funding listed in U.S. currency.
- [DS-2019 Applicant Review Form \(EXPORT-F-006\)](http://www.miami.edu/finance/index.php/ora_homepage/researchers/export_control_technology_management/), completed electronically by your department, submitted to the University of Miami's Export Control Compliance Office mailbox (exportcontrol@miami.edu), and returned to your department by Export Control Compliance with the orange box on the bottom completed. All prospective scholars must be screened and cleared by Export Control Compliance prior to any offer or intent letter being extended. Requests for screening must be submitted to Export Control Compliance through Form EXPORT-F-006, available on Export Control Compliance's website:  
[http://www.miami.edu/finance/index.php/ora\\_homepage/researchers/export\\_control\\_technology\\_management/](http://www.miami.edu/finance/index.php/ora_homepage/researchers/export_control_technology_management/)

**Deadline for Submission:**

**No less than three months prior to the scholar's requested program start date.** Submit this form, completed and signed by the Departmental Sponsor, the Departmental/Divisional Chairperson, Division/School Business Office and/or Sponsored Programs, and Dr. F. Daniel Armstrong (faculty) or Karen Stimmell (non-faculty, researcher/scientist), with the proper attachments, to the Department of International Student and Scholar Services.

**2. ( ) Extend an on-going program Attachments (all attachments must be written in English; if an attachment is not available in English, the attachment must be accompanied by a certified English translation):**

- Letter of financial support if funding is from a source other than the University of Miami, with funding listed in U.S. currency.
- Copy of UM offer letter (only for scholars who did not receive UM funding during the period covered by the previous Form DS-2019 and who will receive such funding during the extension period, and scholars with UM funding whose UM position title and salary will be changed during the extension period).
- [DS-2019 Applicant Review Form \(EXPORT-F-006\)](http://www.miami.edu/finance/index.php/ora_homepage/researchers/export_control_technology_management/), completed electronically by your department, submitted to the University of Miami's Export Control Compliance Office mailbox (exportcontrol@miami.edu), and returned to your department by Export Control Compliance with the orange box on the bottom completed. All current scholars must be screened and cleared by Export Control Compliance prior to the extension of an on-going program. Requests for screening must be submitted to Export Control Compliance through Form EXPORT-F-006, available on Export Control Compliance's website:  
[http://www.miami.edu/finance/index.php/ora\\_homepage/researchers/export\\_control\\_technology\\_management/](http://www.miami.edu/finance/index.php/ora_homepage/researchers/export_control_technology_management/)

**Deadline for Submission:**

**No less than two months prior to expiration of the scholar's current Form DS-2019.** Submit this form, completed and signed by the Departmental Sponsor, Departmental/Divisional Chairperson, Division/School Business Office and/or Sponsored Programs, and Dr. F. Daniel Armstrong (faculty), or by the Departmental Sponsor, the Departmental/Divisional Chairperson, Division/School Business Office and/or Sponsored Programs, and Karen Stimmell (non-faculty, researcher/scientist), with the proper attachments, to the Department of International Student and Scholar Services.

3. ( ) **Transfer from a different program ( ) accompanied by \_\_\_\_\_ immediate family members (only legally married spouse and minor children qualify)**

**Attachments (all attachments must be written in English; if an attachment is not available in English, the attachment must be accompanied by a certified English translation):**

- Prospective scholar's current curriculum vitae.
- Certification of English Language Proficiency, completed by the Departmental Sponsor.
- An intent letter or courtesy appointment invitation letter, signed by the Departmental Sponsor.
- Copy of UM offer letter (only for prospective scholars with UM funding).
- Letter of financial support if funding is from a source other than the University of Miami, with funding listed in U.S. currency.
- [DS-2019 Applicant Review Form \(EXPORT-F-006\)](#), completed electronically by your department, submitted to the University of Miami's Export Control Compliance Office mailbox (exportcontrol@miami.edu), and returned to your department by Export Control Compliance with the orange box on the bottom completed. All scholars transferring to the University of Miami must be screened and cleared by Export Control Compliance prior to any offer or intent letter being extended. Requests for screening must be submitted to Export Control Compliance through Form EXPORT-F-006, available on Export Control Compliance's website: [http://www.miami.edu/finance/index.php/ora\\_homepage/researchers/export\\_control\\_technology\\_management/](http://www.miami.edu/finance/index.php/ora_homepage/researchers/export_control_technology_management/)
- Copies of the scholar's passport biographical data page, expiration date page, J-1 visa page, Form I-94, and Form(s) DS-2019 issued by previous institution(s), as well as corresponding document copies of all J-2 dependents.

**Deadline for Submission:**

**No less than two months prior to the scholar's requested transfer date.** Submit this form, completed and signed by the Departmental Sponsor, the Departmental/Divisional Chairperson, Division/School Business Office and/or Sponsored Programs, and Dr. F. Daniel Armstrong (faculty), or by the Departmental Sponsor, the Departmental/Divisional Chairperson, Division/School Business Office and/or Sponsored Programs, and Karen Stimmell (non-faculty, researcher/scientist), with the proper attachments, to the Department of International Student and Scholar Services.

4. ( ) **Amend a previous form**

**Attachments (all attachments must be written in English; if an attachment is not available in English, the attachment must be accompanied by a certified English translation):**

Amendment needed: \_\_\_\_\_

- Copy of approved position paperwork (only for scholars whose current Form DS-2019 will be amended to add UM funding, and scholars whose current Form DS-2109 will be amended to reflect a change in UM position title and salary).
- Letter of financial support if funding is from a source other than the University of Miami, with funding listed in U.S. currency (only for scholars whose current Form DS-2019 will be amended to reflect a change in funding source and/or funding amount).
- [DS-2019 Applicant Review Form \(EXPORT-F-006\)](#), completed electronically by your department, submitted to the University of Miami's Export Control Compliance Office mailbox (exportcontrol@miami.edu), and returned to your department by Export Control Compliance with the orange box on the bottom completed. All current scholars must be screened and cleared by Export Control Compliance prior to any offer or intent letter being extended. Requests for screening must be submitted to Export Control Compliance through Form EXPORT-F-006, available on Export Control Compliance's website [http://www.miami.edu/finance/index.php/ora\\_homepage/researchers/export\\_control\\_technology\\_management/](http://www.miami.edu/finance/index.php/ora_homepage/researchers/export_control_technology_management/)

Submit this form, completed and signed by the Departmental Sponsor, the Departmental/Divisional Chairperson, Division/School Business Office and/or Sponsored Programs, and Dr. F. Daniel Armstrong (faculty), or by the Departmental Sponsor, the Departmental/Divisional Chairperson, Division/School Business Office and/or Sponsored Programs, and Karen Stimmell (non-faculty, researcher/scientist), with the proper attachments, to the Department of International Student and Scholar Services.

**MILLER SCHOOL OF MEDICINE**

**SECTION B: Complete the following.**

**Date:** \_\_\_\_\_

Male  
 Female

1. \_\_\_\_\_  
(surname/primary name of exchange visitor) (given name)  
born \_\_\_\_\_ in \_\_\_\_\_,  
(mo.) (day) (yr.) (city) (country)  
a citizen of \_\_\_\_\_ a legal permanent resident of \_\_\_\_\_  
(country) (country)  
whose position in that country is \_\_\_\_\_  
U.S. address \_\_\_\_\_

2. Will be sponsored by the University of Miami, Department of \_\_\_\_\_

3. This request covers the period from \_\_\_\_\_ to \_\_\_\_\_ (maximum of 1 year)  
(mo.) (day) (yr.) (mo.) (day) (yr.)  
(These dates may not exceed one year; however, sponsorship beyond that period may be considered.)

4a. The category of this visitor is 1  Research Scholar, 2  Short-Term Scholar, 3  Professor, 4  Specialist.

This DS-2019 request is for a  faculty or a  non-faculty, researcher/scientist position. DS-2019 requests for faculty positions must be reviewed by Medical Faculty Affairs, and DS-2019 requests for non-faculty, researcher/scientist positions must be reviewed by Medical Human Resources before being submitted to ISSS for processing.

The University title and rank offered to this exchange visitor is: \_\_\_\_\_

Position #: \_\_\_\_\_

*(Non-enrolled fellows shall be appointed if paid from a grant that is approved as having funding for 'training.')*

4b. The exchange visitor has  / has not  (check one) been in exchange visitor status before.

Brief description of the specific field of research or professional activity (no more than 20 words):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

THE PARTICIPANT IS NOT A CANDIDATE FOR TENURE TRACK POSITION. There will be NO PATIENT CONTACT.

5. During the period covered by this request, the total estimated financial support (in U.S. \$) is to be provided to the exchange visitor by:

a.  The Program Sponsor in item 2 above. \$ \_\_\_\_\_ Account # \_\_\_\_\_

This Program Sponsor has  / has not  (check one) received funding for international exchange from one or more U.S. Government Agency(ies) to support this exchange visitor. If any U.S. Government Agency(ies) provided funding, indicate the Agency(ies) by code: \_\_\_\_\_

Financial support from organizations other than the sponsor will be provided by one or more of the following:

- b.  U.S. Government Agency(ies): \_\_\_\_\_ (Agency Code) \$ \_\_\_\_\_
- c.  Int'l Organization(s): \_\_\_\_\_ (Int'l Org. Code) \$ \_\_\_\_\_
- d.  The Exchange Visitor's Government \$ \_\_\_\_\_
- e.  The binational Commission of the visitor's Country \$ \_\_\_\_\_
- f.  All other organizations providing support \$ \_\_\_\_\_
- g.  Personal Funds \$ \_\_\_\_\_

6. Exchange visitor's family accompanying him/her:

Name (surname/primary name, given name) Relationship Date of birth City and Country of Birth Citizenship Country Permanent Residency Country

Four sets of horizontal lines for data entry.

7. Form DS-2019 will be sent to the scholar via FedEx at the place of employment in the home country. The complete mailing address and your departmental FedEx account number must be given below.

Company name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

Country: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name/Department: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

FedEx Account Number of your department for direct billing of shipping charges: \_\_\_\_\_

All the following signatures are required if requesting Form DS-2019 to begin a new program, extend a program, transfer to the University of Miami's exchange visitor program, or amend a program:

UM Departmental Sponsor Requesting Form DS-2019 for Scholar:

Three rows of signature lines with labels: (name), (title), (signature), (date), (campus address), (tel. #)

Authorizing Signature of Departmental Chairperson:

Three rows of signature lines with labels: (name), (title), (signature), (date), (campus address), (tel. #)

Authorizing Signature of Division/School Business Office and/or Sponsored Programs (only applicable for scholars who receive UM payment):

Three rows of signature lines with labels: (name), (title), (signature), (date), (campus address), (tel. #)

For faculty positions: F. Daniel Armstrong, Ph.D. Interim, Senior Associate Dean for Faculty Affairs University of Miami Miller School of Medicine and UHealth System

For non-faculty, researcher/scientist positions: Karen Stimmell Assistant Vice President, Human Resources University of Miami

(signature) (date)

(signature) (date)

Submit this request with the proper attachments and signatures to:

**International Student and Scholar Services**

**1306 Stanford Drive**

**Whitten University Center, Suite 2275**

**University of Miami**

**Coral Gables, Florida 33146-6929**

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