



International Student Services

J-1 SEVIS DS-2019 Student Scholar Request Form

Phone (801) 863-8778 | www.uvu.edu/iss

SEVIS DS-2019 STUDENT/SCHOLAR REQUEST FORM (J-1 VISA)

Please return completed form to International Student Services

Begin new program Extend a program Transfer from a program Replace lost DS-2019

Is the prospective student/scholar currently in the U.S. at another academic institution? Yes No

Has the Exchange Visitor ever been in the U.S. in J-1 status? Yes No

If yes for either of these two questions, attach a copy of current and previous forms DS-2019 or IAP-66.

Name: _____

Last (family)

First

Middle

Male Female

Date of Birth (dd/mm/yyyy): _____

City/Province of birth: _____ Country of Birth: _____

Country of Citizenship: _____

Country of Permanent Residence: _____

Position in Home Country: _____

Period of stay at UVU from (dd/mm/yyyy): _____ to (dd/mm/yyyy): _____

Category of Exchange Visitor: Professor Researcher Short-term Scholar Student

Category	Activities to be pursued at UVU	Permitted length of stay
Professor	Lecture or teach	From 3 weeks to 5 years
Researcher	Conduct or participate in research	From 3 weeks to 5 years
Short-Term Scholar	Lecture, observe, consult train, or demonstrate special skills	From 1 day to 6 months cannot be extended beyond 6 months
Student	Full-time degree or non-degree prescribed course of study	Duration of status
Specialist	Expert in a field of specialized knowledge or skill. Observe, consult, or demonstrate special skills	From 3 weeks to 1 year

Primary academic discipline of Exchange Visitor while working at UVU:

Non-technical description of UVU appointment:

Amount of Support from UVU: \$ _____

Other Sources(s) * (if any, in US dollars): \$ _____

Indicate Sources(s): _____

Other Sources(s) * (if any, in US dollars): \$ _____

Indicate Sources(s): _____

***Attach documentation.** Documentation can consist of a bank statement, letter from sponsor, etc.

Information about dependent spouse and child(ren) (if applicable-attach an additional sheet if necessary):

Family Name	First Name	Date of Birth	Birth Place- City & Country	Citizenship	Country of Perm. Residence	Relationship

* Please attach a copy of the **letter of offer**.

* Please attach a copy of the Exchange Visitor's (and dependant's if applicable) **passport**.

PLEASE SELECT ONE BELOW:

Please hold DS-2019 (Formerly IAP-66) at LA114 for pick up by my department.

Please mail DS-2019 via regular airmail to the student/scholar at the following address:

IN ORDER TO BE PROCESSED THIS REQUEST FORM MUST BE ACCOMPANIED WITH A SIGNATURE OF THE CHAIR OR DEAN ON THE COVERSHEET FOR EXCHANGE VISITOR.

Signature _____ Date _____