



Oldenberg Center for Modern Languages & International Relations
Office for International Students and Scholars (J visa)
350 N College Way, Pomona College, Claremont, CA 91711
(909) 621-8018 or oldenberg@pomona.edu
www.pomona.edu/oldenberg

Request Form for Certificate of Eligibility (DS-2019) for J-1 Visa Status

Read *DS-2019 Instruction Form* before completing this document. Please type or print clearly. The faculty advisor is responsible for completing this form and returning it with all supplemental materials to Oldenberg. Signatures of the faculty advisor and department chair are required.

SECTION A: PURPOSE OF THE DS-2019

- Begin **New Program** or change visa to a J-1, accompanied by ___ family member(s).
- Transfer of **J-1 visa** to PO from another U.S. institution (attach copy of last DS-2019).
- Extension of **stay** to continue an ongoing program.

SECTION B: EXCHANGE VISITOR (EV) BIOGRAPHICAL INFORMATION*

**Please also provide a clear copy or scan of the passport photo/data page*

Surname/Last Name: _____
as it appears on passport

Given/First Name: _____
as it appears on passport

Date of Birth: _____ Gender: Male Female
please spell out name of month: month/dd/yyyy

City of Birth: _____ Province of Birth: _____

Country of Birth: _____ Country of Citizenship: _____

Country of Legal Permanent Residence: _____ Marital Status: Single Married

Permanent Address Outside U.S.

Street Address: _____

City: _____ Province/Territory: _____

Postal Code: _____ Country: _____

Telephone: _____ E-mail Address: _____

OLDENBURG USE ONLY: Passport data pages CV Appt Letter Funding info/Affidavit Eng cert. Extra immig. docs S&H info
 Signatures Remarks: _____

Current or Temporary Address (if different from permanent address)

Street Address: _____

City: _____ Province/Territory: _____

Postal Code: _____ Country: _____

Telephone: _____ E-mail Address: _____

Address Invalid After: _____
please spell out name of month: month/dd/yyyy

U.S. Address (Use PO department address for "Begin New Program" requests)

Street Address: _____

City: _____ Province/Territory: _____

Postal Code: _____ Country: _____

Telephone: _____ E-mail Address: _____

SECTION C: EDUCATION AND OCCUPATION*

**Please also provide EV CV or resume*

Highest Degree Received: Bachelor's Master's Ph.D. Other: _____

Please list degrees (post-secondary) earned. Attach an additional sheet if necessary.

Degree: _____ Institution: _____ Date of Completion: _____

Degree: _____ Institution: _____ Date of Completion: _____

Degree: _____ Institution: _____ Date of Completion: _____

If currently a student, indicate the level, institution, and expected date of completion:

If employed, please provide the following information:

Current/Most Recent Employer: _____

Position Title: _____

Brief Position Description: _____

Indicate the category that best describes the employer above:

- Academic Community Government Private Sector The Arts Sports Military

SECTION D: PROGRAM INFORMATION*

**Please also provide an Appointment Letter; guidance provided on Instruction Form*

Appointment Date: From: _____ To: _____ PO Department Name: _____
(mm/dd/yyyy) (mm/dd/yyyy)

PO Appointment Title: _____

Primary Activity (*provide further information RE teaching, research or studies at PO*): _____

Is this position benefits-eligible? (*medical insurance via payroll deduction*) Yes No

J-1 visa Category Requested:

Check one:	Status	Description
<input type="checkbox"/>	Professor	Teach, lecture, observe or consult. Non-tenure track. Minimum M.A./M.S. required
<input type="checkbox"/>	Research Scholar	Research, observe or consult. Non-tenure track. Minimum M.A./M.S. required
<input type="checkbox"/>	Short-term Scholar	Lecture, observe, consult or demonstrate special skills for no more than 6 months. Minimum M.A./M.S. required
<input type="checkbox"/>	Specialist	Observe, consult, or demonstrate special knowledge or skills for no more than 12 months
<input type="checkbox"/>	Non-degree Student	Engage full-time in a professional or certificate program or a non-degree course of study. <i>Note: Check with Oldenburg first RE this category.</i>
<input type="checkbox"/>	Degree Student	Engage full-time in a degree program. <i>Note: Check with Oldenburg first RE this category.</i>
<input type="checkbox"/>	Student Intern	Structured internship program that is in the student's field of study <i>Note: Check with Oldenburg first RE this category.</i>

SECTION E: PREVIOUS J VISA HISTORY AND CURRENT VISA INFORMATION

To which U.S. embassy or consulate will the EV apply?

Country: _____ City: _____

Is EV currently in the U.S.? Yes No If yes, provide current immigration status: _____
visa classification

If EV is currently in the U.S., please select all that apply and attach copies of all immigration documents:

- EV requests a program transfer
- EV requests a change of immigration status
- EV will depart the U.S. and return before starting appointment at Pomona College

During the last two years, has the EV been issued any J-1 and/or J-2 status in the US? Yes No
(If "yes," copies of previous DS-2019s are required.)

Please list trips EV has made to the U.S. within the last 24 months. Attach an additional sheet if necessary.

Dates in the U.S.: _____ Immigration Status: _____
visa classification

Employer/Host Institution: _____
If vacation was purpose, OK to indicate that

Dates in the U.S.: _____ Immigration Status: _____
visa classification

Employer/Host Institution: _____
If vacation was purpose, OK to indicate that

Section F: Financial Support—*support should cover the appointment period; use U.S. dollars.*

Funding Source	Monthly Amount	Total Amount
Pomona College (salary)		
EV Government or International Organization		
Name of Agency: <i>Please attach Financial Affidavit & supporting documents</i>		
EV Employer		
Employer Name: <i>Please attach Financial Affidavit & supporting documents</i>		

Parents/Sponsor Name(s) of Sponsor and Relation to you: <i>Please attach Financial Affidavit & supporting documents</i>		
EV Personal Savings Name of Bank: <i>Please attach Financial Affidavit & supporting documents</i>		

SECTION G: DEPENDENT INFORMATION — list accompanying dependents who do not hold U.S. passports; copy of dependent passport photo/data page required

Surname/Last Name: _____
as it appears on passport

Given/First Name: _____
as it appears on passport

Relationship: Spouse Child Gender: Male Female

Date of Birth: _____ City of Birth: _____
please spell out name of month: month/dd/yyyy

Province of Birth: _____ Country of Birth: _____

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

Surname/Last Name: _____
as it appears on passport

Given/First Name: _____
as it appears on passport

Relationship: Spouse Child Gender: Male Female

Date of Birth: _____ City of Birth: _____
please spell out name of month: month/dd/yyyy

Province of Birth: _____ Country of Birth: _____

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

Surname/Last Name: _____
as it appears on passport

Given/First Name: _____
as it appears on passport

Relationship: Spouse Child Gender: Male Female

Date of Birth: _____ City of Birth: _____
please spell out name of month: month/dd/yyyy

Province of Birth: _____ Country of Birth: _____

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

SECTION H: SEVIS-I-901 FEE & HANDLING INSTRUCTIONS FOR THE DS-2019

The SEVIS I-901 fee of \$220 must be paid before the EV can make a consular appointment. Will the department cover this fee? Yes No

If "yes," please provide department account number: _____
Oldenburg will pay the fee online and provide both the department and EV with a confirmation receipt.

Federal regulations prohibit emailing DS-2019s; documents are to be mailed to the EV via a secure and traceable means. Will the Department reimburse Oldenburg for this expense? (We use FedEx or DHL via PO Mail Services)

Yes, please charge to department account number: _____

No, please email when documents are ready and department will send contact to pick it up. Contact is:

SECTION I: REVIEW OF REQUIRED SUPPLEMENTAL MATERIALS

Before signing the Request Form and returning it to Oldenburg, please review and then attach the following required supplemental materials:

- 1. Clear copy or scan of the EV passport photo/data page**
(If EV will be accompanied by dependent(s), include passport/data page for each dependent)
- 2. EV CV or resume**
- 3. EV Appointment Letter**
(Appointment Letter guidelines provided on Instructions Section D: Program Information)
- 4. Financial Affidavit and Supporting Documents**
(Financial Affidavit Form available on Oldenburg website. These items are necessary only if EV program will be funded by non-PO sources)
- 5. Certification of English Language Proficiency**
(Form available on Oldenburg website. Necessary for all "Begin New Program" and "Transfer In" requests)
- 6. Additional Immigration Documents, if Applicable**

Refer to Section E: Previous J Visa History and Current Visa Information. If EV is presently in U.S. in another visa classification, attach copies of immigration documents. If EV has held J-1 or J-2 status in any category within the 24 months prior to the intended PO start date, attach copies of previous DS-2019(s) and visa(s).

SECTION J: CERTIFICATION AND APPROVAL

Certification by PO Faculty Advisor

The faculty advisor is the faculty member who will supervise the EV's primary activity. The advisor certifies that the educational credentials, English proficiency, and amount(s) and source(s) of funding indicated on the Request Form are true and correct to the best of his/her knowledge and that the EV is eligible and qualified to carry out the J-1 program activity indicated during the period specified. The faculty advisor also serves as Oldenburg's main contact in matters regarding the EV's appointment.

Name: _____

Title: _____ Email: _____ Telephone: _____

Signature: _____ Date: _____

Approval by PO Department Chair

The Chair certifies that the faculty member named above has department approval to pursue the project described on this form and that the project is in keeping with the educational mission of the College. The chair also verifies the educational credentials, English proficiency, and amount(s) and source(s) of funding as described on this form. The chair verifies the information provided above RE the SEVIS I-901 fee and DS-2019 handling instructions.

Name: _____

Title: _____ Email: _____ Telephone: _____

Signature: _____ Date: _____