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**Request Form for Certificate of Eligibility (DS-2019) for J-1 Exchange Visitor  
Loyola Marymount University**

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**INSTRUCTIONS TO THE SPONSORING DEPARTMENT**

This form must be completed by the **sponsoring department contact person** and returned to the Office for International Students & Scholars in Malone 201-P, Westchester Campus.

**Please complete all items below. Items left incomplete will delay the processing of the Form DS-2019.**

Upon receipt and careful review of this form, the Responsible Officer will make a determination with regard to the issuance of the Certificate of Eligibility for J-1 Exchange Visitor Status (Form DS-2019), to be forwarded by the Sponsoring Department to the Exchange-Visitor, along with a letter of instruction. Please allow at least five – ten work days for processing.

**All postage and other costs related to the issuance of the Form DS-2019 (including additional Form DS-2019 for dependent use) shall be assumed by the Sponsoring Department.**

Please advise the Exchange Visitor that (s)he must report to the Office for International Students & Scholars within TWO days of arrival in the U.S.A. The Exchange Visitor must present his/her passport, visa, I-94 Admission Card, and Form DS-2019 at the time of appointment. In addition, required medical insurance coverage and clearance for remuneration will also be facilitated.

For more information, please contact Denise M. Folga, Responsible Officer of LMU's J-1 Exchange Visitor Program and Director of the OISS at (310) 338-2937, Malone 201- P, Westchester Campus.

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**Section A. Applicant Information**

1. Exchange Visitor Name: \_\_\_\_\_  
Family Name (as it appears on passport)                      First Name                      Middle Name
  2. ( ) Male                      ( ) Female
  3. Date of Birth:      Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_
  4. Place of Birth:      City \_\_\_\_\_ Country \_\_\_\_\_
  5. Country of Citizenship: \_\_\_\_\_
  6. Country of Permanent Residence: \_\_\_\_\_
  7. Occupation in the Home Country: \_\_\_\_\_
  8. Employer (if applicable): \_\_\_\_\_
  9. Highest Degree Earned: ( ) Bachelor ( ) Masters ( ) Ph.D. ( ) Other \_\_\_\_\_  
Date Awarded: \_\_\_\_\_
  10. To the best of your knowledge, has the applicant ever applied for or received an Immigrant Visa (U.S. Permanent Residency / Green Card)? ( ) Yes ( ) No
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**Section B. Program Information**

11. Purpose of this DS-2019:

- ( ) Begin New Program, or change visa to J-1 (accompanied by \_\_\_\_\_ spouse/dependents);
- ( ) Extend an on-going program at LMU;
- ( ) Transfer of J-1 Visa to LMU from another U.S. institution;\*
- When did the Exchange Visitor begin the J-1 Visa at the other institution? \_\_\_\_\_  
(MM/DD/YY)
- Exchange Visitor's previous J-1 visa category at the other institution: \_\_\_\_\_
- ( ) Separate entry of \_\_\_\_\_ immediate family member(s);
- ( ) Replace lost DS-2019 form.

*\*An Exchange-Visitor may transfer from the program of one U.S. institution to another if the purpose of his/her transfer is to complete the objective for which s(he) was originally admitted in the U.S.A. The former institution must agree to the transfer and relinquish sponsorship. If the visiting scholar is in the U.S.A. on a J-1 Visa (sponsored by another institution), please attach a copy of the scholar's current Form DS-2019.*

12. Appointment or primary activity while at LMU/J-1 Visa Category:

- ( ) Professor (TEACH, LECTURE, OBSERVE OR CONSULT ON A NON-TENURE APPOINTMENT)
- ( ) Research Scholar (RESEARCH, OBSERVE, OR CONSULT)
- ( ) Short-Term Scholar (LECTURE, OBSERVE, CONSULT OR DEMONSTRATE SPECIAL SKILLS FOR NO MORE THAN 6 MONTHS)
- ( ) Specialist (AN EXPERT TO OBSERVE, CONSULT OR DEMONSTRATE SPECIAL SKILLS FOR NO MORE THAN 1 YEAR)

13. Subject of studies, research, or teaching at LMU:

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Field: \_\_\_\_\_

14. Period of Appointment/Study: From \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ to \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
month day year month day year

15. A. During the last two years (24 months), has this person been in the U.S. in a J-1 visa status?

- Yes (Please include copies of previous DS-2019)
- No

16. B. If you marked "Yes" above, please provide the following information:

<b>Program Start Date</b>	<b>Program End Date</b>	<b>J-1 Category</b> (i.e. Research Scholar Professor, Short-term Scholar, etc.)
From: _____	To: _____	_____
From: _____	To: _____	_____

(Attach a separate sheet of paper, if needed.)

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**Section C. Financial Support**

17. Financial Support for the entire period covered by this form. Specify amounts in U.S. dollars. Check all that apply.

- ( ) LMU (Departmental budget, Grant, etc):  
Specify: \_\_\_\_\_ \$ \_\_\_\_\_  
(Provide budget number)
- This is non-tenure track position: Yes ( ) No ( )
- ( ) U.S. Government : Name of Agency: \_\_\_\_\_ \$ \_\_\_\_\_
- ( ) Exchange Visitor's Government:  
Specify Source: \_\_\_\_\_ \$ \_\_\_\_\_
- ( ) International Organization (e.g. UN, WHO): \_\_\_\_\_ \$ \_\_\_\_\_
- ( ) Other organization in the U.S. or abroad:  
Specify: \_\_\_\_\_ \$ \_\_\_\_\_
- ( ) Personal Funds: \$ \_\_\_\_\_
- TOTAL AMOUNT: \$ \_\_\_\_\_

For each item indicated above, please attach documentary evidence such as a letter certifying, funding, financial affidavit, letter from a bank, copy of the contract, etc.

18. If funded by LMU, has the employing department received funding for international exchange from one or more U.S. Government agency or agencies?

( ) Yes ( ) No

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**Section D. Mandatory Health Insurance**

19. All J-1 Exchange Visitors and dependents are REQUIRED to have the following insurance coverage during their stay in the U.S.A.:

- a. Medical benefits of at least \$ 50,000 per accident or illness;
- b. Repatriation of remains in the amount of \$7,500
- c. Expenses associated with medical evacuation of the Exchange Visitor to his/her home country in the amount of \$10,000
- d. A deductible not to exceed \$500 per accident or illness.

Who will provide funding for the coverage?

\_\_\_\_\_ Sponsoring Department (Please Provide Budget Number for Billing: \_\_\_\_\_)

\_\_\_\_\_ J-1 Exchange-Visitor \_\_\_\_\_ Other (Please specify \_\_\_\_\_)

The insurance premium(s) for J-1 Exchange Visitor and dependents will be based on age and period of coverage.

20. The complete home country address, telephone/FAX number(s) and email address of the Exchange Visitor:

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**Section E. Dependent Information**

21. Dependents coming or continuing in the U.S. Do not list dependents that hold U.S. passports or were born in the U.S.

Name of Dependent(s)	Relationship	City/Country of Birth	Date of Birth	Country of Residence/Citizenship
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**Section F. Sponsoring Department Certification**

I certify under penalty of perjury that all information provided in items 1 through 20 was completed before I signed this form and is true and correct.

22. Departmental Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

23. Sponsoring Department Chair: \_\_\_\_\_ Telephone: \_\_\_\_\_

24. Department: \_\_\_\_\_ Campus Address: \_\_\_\_\_

25. Signature of Departmental Contact: \_\_\_\_\_ Date: \_\_\_\_\_

*We certify under penalty of perjury that all information provided in items 1 through 25 was completed before we signed this form and is true and correct.*

26. Academic Dean / Associate Dean: \_\_\_\_\_  
Print name

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

27. Sr. Vice President and Chief Academic Officer; Dean, Loyola Law School or Associate Vice President:

\_\_\_\_\_  
Print name      Signature: \_\_\_\_\_      Date: \_\_\_\_\_

Please return this form to the Office for International Students & Scholars, Malone 201-P, Westchester Campus, (310) 338-2937. Allow between five to ten work days for processing.