

Prospective EV Request for Certificate of Eligibility (DS-2019)

California State University, Chico

International Education & Global Engagement

Student Services Center, Room 440

Phone: (530) 898-5415; Fax: (530) 898-6889



PLEASE KEEP THIS PAGE FOR YOUR REFERENCE.

Instructions:

Greetings from Chico! We are pleased to learn that you are interested in coming to California State University, Chico as an Exchange Visitor (EV). In order to prepare the DS-2019 Certificate of Eligibility, which is necessary to obtain your J-1 visa, we will need all of the documents listed in this checklist. Please send these documents to the faculty or staff who is sponsoring your proposed visit.

Exchange Visitor Documents (CHECKLIST for EV2)

- Form EV2:** Request for Certificate of Eligibility (DS-2019) – *EV2 is on page 2 of this document.*
- An official letter from your institution showing that they support your proposed exchange visit
- An official statement showing that you will have sufficient funds, and the source, during your stay
- Your Curriculum Vitae
- A copy of your academic degree certificate (for your highest degree)
- An official copy of the final transcript to accompany the degree certificate
- Photocopy of photo/bio page of your passport

If you have dependents (a spouse or children), please also include (CHECKLIST for EV3)

- Complete **form EV3:** Request for Certificate of Eligibility (for accompanying dependents)
- Photocopy of photo/bio page for spouse and/or children who will accompany you
- Evidence of funding to support your spouse and/or children (see details on request form)




For questions about your DS-2019 processing:

+1 530-898-5415

Tasha Alexander, Alternate Responsible Officer (ARO): tmalexander@csuchico.edu

Cindy McKay, Alternate Responsible Officer (ARO): cjmckay@csuchico.edu

Prospective EV Request for Certificate of Eligibility (DS-2019) (to be completed by the prospective exchange visitor) California State University, Chico Office of International Education and Global Engagement Phone: (530) 898-5415; Fax: (530) 898-6889	 (EV 2)
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Prospective Exchange Visitor's Name (as it appears in the passport):			
Last (family) Name		Gender	
Given Name		Middle Name	
Date of birth (mm/dd/yyyy)		City of birth	
Country of birth		Citizenship	
Country of Permanent Legal Residence			

Mailing Address (to which your documents will be sent): (FedEx does not deliver to P.O. box addresses)				
Physical mailing Address				
City				
State/Province		Country		Postal Code
Phone		Email		
Is this your home or university/organization address? <input type="checkbox"/> home <input type="checkbox"/> university/organization				

Current Academic and Employment Status			
Your highest degree		Field of study	
Your job title			
Name of your current institution or organization			
Provide a brief statement of your proposed exchange program at CSU, Chico (50 words or less).			

Past J-1 Presence in the United States (Check all that apply)		
<input type="checkbox"/> I have no previous experience as an professor or research scholar in the United States		
Previous EV Category	Starting date (MM/DD/YYYY)	Ending Date (MM/DD/YYYY)

	Professor		
	Research Scholar		

Prospective Exchange Visitor Category (MM/DD/YYYY)		
Prospective EV Category	Starting Date	Ending Date
Professor		
Research Scholar		
Short-Term Scholar		
Non-Degree Student		

Funding: Identify and provide evidence for the duration of the proposed length of the exchange program. Funding of at least \$1500 per month to support the Exchange Visitor's living expenses is required. An additional \$500 per month is required for a spouse or child to accompany the visitor. An additional \$300 per month is required to support each additional child.

Source	Amount US \$
U.S. Government Agency	
CSU, Chico Hosting Department	
EV's Home Institution	
EV's Personal funds	
EV's Family funds	
Other (name):	
Total	

Documentation of funding must be received in English or accompanied by an English translation. This may be 1) a statement from a bank or 2) a contract or letter identifying an award. Electronic copies and faxes are acceptable. Documents must have been issued within the last six months.

Cultural Exchange	
I understand that I will be expected to engage in or perform activities promoting cultural exchange at California State University, Chico (please initial this box to indicate agreement).	

Health and Accident Insurance
<p>The Department of State requires all J-1 Exchange Visitors and their dependents to have valid health insurance for the duration of their Exchange programs.</p> <p>I _____ (your full name) agree that as a condition of participation under the exchange, I will provide proof of the required health and accident insurance coverage to the Office of International Education and Global Engagement immediately upon arrival on campus. The health insurance must provide at least minimum levels of coverage as follows:</p> <p>(1) Medical benefits of at least \$100,000 per accident or illness;</p> <p>(2) Repatriation of remains in the amount of \$25,000;</p> <p>(3) Expenses associated with the medical evacuation of the exchange visitor to his or her home country in the amount of \$50,000; and</p> <p>(4) The policy may not have a deductible exceeding \$500 per incident. Failure to meet insurance requirement is reason for immediate termination of the EV's program.</p> <p>I certify that I have read and understood the Health Insurance conditions.</p>

Signed: _____

Date: _____

**EV Request for Certificate of Eligibility (DS-2019) for
Accompanying Dependents (to be completed by the prospective visitor)**

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(EV 3)



Prospective Exchange Visitor/ Visiting Scholar (as it appears in the passport)

Last (family) Name			
Given Name		Middle Name (if any)	

Family Member 1 (as it appears in the passport)

Last (family) Name			
Given Name		Middle Name (if any)	
Date of Birth MM/DD/YYYY		City of Birth	
Country of Birth:		Country of Legal Residence:	
Relationship to J-1 Scholar		Gender:	

Family Member 2 (as it appears in the passport)

Last (family) Name			
Given Name		Middle Name (if any)	
Date of Birth MM/DD/YYYY		City of Birth	
Country of Birth		Country of Legal Residence	
Relationship to J-1 Scholar		Gender	

Attach additional sheets as needed. Please return this form with a copy of each family member's passport biographical data page. Be reminded that the J-1 Exchange Visitor must provide health insurance for all accompanying family members for the duration of their stay in the U.S.