

Prospective EV Request for Certificate of Eligibility (DS-2019) California State University, Sacramento

International Programs and Global Engagement, Library 1001 MS 6012
Phone: (916) 278-6686; Fax: (916) 278-7471



(CHECK LIST for EV2)

Greetings!

We are pleased to learn that you are interested in coming to California State University, Sacramento as an Exchange Visitor. In order to prepare the DS-2019, "Certificate of Eligibility for Exchange Visitors Status," which is necessary for your J-1 visa, we will need the following documents:

Instructions:

Please complete and sign form EV2 below. Note that the following documents will be required before we can process your documents.

Document Checklist for Exchange Visiting International Scholars:

- _____ Prospective EV Request for Certificate of Eligibility (DS-2019) form **(EV2)**
- _____ A detailed statement of what you intend to be doing while at California State University, Sacramento
- _____ An official letter from your Institution showing that they support your proposed visit
- _____ An official statement showing that you will have sufficient funding, and the source of trust funding to support for your stay
- _____ Your Curriculum Vitae
- _____ A copy of your diploma or academic degree certificate for the highest degree you have earned
- _____ An official copy of the final transcript to accompany the degree certificate
- _____ A photocopy of photo/bio page of your passport

If you have dependents, a spouse or child:

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

Please send these documents to the faculty or staff member who is sponsoring your proposed visit.

For questions about the DS-2019 processing, contact:

Alex Shigenaga alex.shigenaga@csus.edu (916) 278-7470

KEEP THIS DOCUMENT FOR YOUR REFERENCE.

**Form EV2 Request for Certificate of Eligibility (DS-2019)
to be completed by the prospective exchange visitor
California State University, Sacramento**

International Programs and Global Engagement, Library 1001 MS 6012

Phone: (916) 278-6686; Fax: (916) 278-7471

(EV 2)



Part I: Prospective Exchange Visitor's name as it appears in the passport:

Last (family) Name			
First Name:		Middle Name	
Date of birth (mm/dd/yyyy)		City of birth	
Country of birth		Citizenship	
Country of Permanent Legal Residence			

Part II: Current Academic Status

What is your highest degree?		Field of study	
What is your current position?			
Attach a detailed statement of your proposed exchange program at California State University, Sacramento.			

Part III: Past J-1 presence in the United States. List the dates and name of program if you were a Scholar/Professor previously (If none – indicate "N/A"). **DO NOT LEAVE THIS SECTION BLANK:**

EV Category	Starting date	Ending date

Part IV: Exchange Visitor Category Requested (MM/DD/YYYY)

Prospective EV Category	Starting date	Ending date
Professor		
Research Scholar		
Short-Term Scholar		

Part V: Funding: Identify and provide evidence for the duration of the proposed length of the exchange program. Funding of at least \$1100 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, Sacramento Hosting Department	
Exchange Visitor's Home Institution	
Exchange Visitor's Personal funds	
Exchange Visitor'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, 2) A contract or letter identifying an award with dates for which support is offered. Electronic copies and faxes are acceptable. Documents must have been issued within the last six months.

Part VI: Name of your current institution or organization:**Part VII: Health and Accident Insurance**

The Department of State requires all J-1 Exchange Visitors and their dependents to have effective Health Insurance for the duration of their Exchange programs.

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 International Programs and Global Engagement, immediately upon arrival on campus.

The Health Insurance must provide at least minimum levels of coverage as follows:

(1) Medical benefits of at least \$100,000 per accident or illness; (2) Repatriation of remains in the amount of \$25,000; (3) Expenses associated with the medical evacuation of the exchange visitor to his or her home country in the amount of \$50,000; and (4) A maximum of \$500 deductible per accident or illness. Failure to comply with this requirement is reason for immediate termination of the Exchange Visitor's program.

I certify that I have read and understood the Health Insurance conditions.

Signed: _____ Date: _____

VIII: Mailing Address to which your documents will be sent: (FedEx does not deliver to P.O. Box addresses)

Your Name:

Company/University (if applicable):

Address:

City:

State/Province:

Country: Telephone:

Postal Code: Email address:

**EV3 Request for Certificate of Eligibility (DS-2019) for
Accompanying Dependents (to be completed by the
prospective visitor)**

California State University, Sacramento

International Programs and Global Engagement, Library 1001 MS 6012

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(EV 3)



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

Last (family) Name			
First Name:		Middle Name (if any):	

Family Member 1 (exactly as it appears in the passport)

Last (family) Name			
First 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 (exactly as it appears in the passport)

Last (family) Name			
First 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.

Updated: 3/16/2022