



**INTERNATIONAL
STUDENT &
SCHOLAR SERVICES**

CENTRAL MICHIGAN UNIVERSITY

J-1 Exchange Visitor (EV) Student Intern DS-2019 Request

International Student and Scholar Services (ISSS) looks forward to welcoming you to campus for your exchange program.

The purpose of the U.S. Department of State's Exchange Visitor Program (J-1 status) is to promote mutual understanding between the people of the United States and the people of other countries by educational and cultural exchanges.

If you have questions, please contact j1ev@cmich.edu or by calling the office at 989.774.4308.

Process

1. Complete the J-1 Exchange Visitor (EV) Student Intern Request and submit the request and supporting documents to j1ev@cmich.edu.
2. An ISSS advisor reviews all the documents after they have all been submitted. If there are questions or concerns the advisor will reach out to you and/or host department.
3. The ISSS advisor will issue the DS-2019 and send it via email to you.
4. Apply for the J-1 visa at a U.S. embassy or consulate of your choosing.
5. Email j1ev@cmich.edu when you have decided on your arrival date.
6. Within 30 days of the program start date (on the DS-2019), schedule a J-1 Immigration Check-in at <http://tinyurl.com/ISSSappt>.

For International Students and Scholars (ISSS) to issue form DS-2019, each exchange visitor must complete the form below for issuance of the DS-2019 and attach supporting documents:

- Passport Copy
- CV
- If you are employed (receiving payment/wages), you will need the approval of your home institution's dean or academic advisor (sample letter is included in this document).

Once completed, please submit the required documents in one PDF to j1ev@cmich.edu. In the subject line, please include the Exchange Visitor's name and "Create DS-2019 Request".



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Exchange Visitor Information (Please be sure to list your name exactly as it appears in your passport.)

Family name Given name Middle name

Email

CMU Host Department Information

Host department name CMU host faculty name

DS-2019 Biographical Information

Date of birth (mm/dd/yyyy) Gender: Male Female

City of Birth Country of Birth

Country of Citizenship Country of Permanent Residency

Address outside of the United States

Street Address City

State/Province Postal/Zip Code Country

+ (_____) _____
Country Code and Phone Number



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Previous J-1 Program Information

Have you been in J-1 or J-2 status in the past 5 years? Yes No

If you select yes, please submit copies of all previous DS-2019s.

DS-2019 Program Information

If you are a student, please indicate your current level of study:

Bachelor

Master

Ph.D.

Name of home institution

Dependents

If you will be bringing any dependents with you (spouse or child), in addition to extra funding (see financial documents), you will also need to provide a copy of each person’s passport. Additionally, you will also need to provide a copy of your marriage certificate and for your children you need to provide a copy of their birth certificate. You will need to provide English translations of the marriage certificate and/or birth certificate if they are not already in English.

Name (as it appears on the passport)	Gender (male/ female)	Date of birth (mm/dd/ yyyy)	City and Country of Birth	Country of Permanent Residence	Country of Citizenship
Spouse:					
Child:					
Child:					
Child:					



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Sources of funding worksheet

Source	Amount	Required supporting documentation
Sponsor		Sponsor affidavit (see next page), bank statement/letter
Binational commission		Letter of sponsorship
Home country government		Letter of sponsorship
Personal		Bank statement/letter
U.S. government organization		Letter of sponsorship
International organization		Letter of sponsorship
Other organization		Letter of sponsorship
Total from all sources of funding:		

Note: The total from all sources of funding must exceed or be equal to the financial support worksheet (previous page).



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Sponsor Affidavit of Financial Support

To be completed by the student:

Family (last) name

Given (first) name

CMU ID Number

To be completed by the sponsor:

Sponsor name: _____

Sponsor's relationship to student: _____

Sponsor's current address: _____

Amount in USD of funding to be provided to the student: \$ _____

Please provide the student intern a recent (no older than 6 months) bank statement or letter as proof (in English) of funding referencing to an account to which you have the authority to use funds. This must be on bank letter head and/or signed by a bank official.

Will these funds be issued from a business, company, or corporate account which you have authority to use?

Yes. Letter on bank letterhead required must indicate the following:

- A list of signatories on the account
- If there are multiple signatories, a statement indicating how each signatory can use account funds. (Example: can they sign alone, or must they sign together)

No.- this is from my personal account

I certify that I have read and understand this document. To the best of my knowledge, the statements made herein are accurate and complete. I agree to provide the funds listed above to meet the required expenses for this student. I further agree that all documentation I provide as proof of available funds are accurate and complete to the best of my knowledge. I understand that the deliberate falsification of any financial documentation provided to the university may result in revocation of the DS-2019.

Sponsor signature

Date (mm/dd/yyyy)



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Home Institution Verification Letter

If you are employed (receiving remuneration), you will need the approval of your home institution's dean or academic advisor. Please see the sample letter below.

Please write the letter on university letterhead.

Date

International Student and Scholar Services
Central Michigan University
330 Ronan Hall
Mt. Pleasant, MI 48859

To Whom It May Concern:

I am aware that (student name) has been admitted to an internship program at Central Michigan University beginning (date) and ending (date). Below are the details about (student name):

Enrollment status:

Current program:

Current degree level:

Expected degree completion date:

(Student name) is currently in good standing at (university name). (Student name) will fulfill (his/her/their) educational objectives for (his/her/their) current degree program at the home institution by participating in this internship program.

I understand that Central Michigan University will be paying the student during the period of the internship program.

Signature of dean/academic advisor

Printed name of dean/academic advisor