

Office of International Student Services West Quad 235

Phone: 718-951-4477 Fax: 718 -951-4287

Email: iss@brooklyn.cuny.edu Web: www.brooklyn.cuny.edu

REQUEST FOR DS-2019/J1 VISA SPONSORSHIP

To be completed by the Brooklyn College Department sponsoring international professors and research scholars on a J-1 visa.

At least two months prior to the visitor's proposed appointment date (including extensions), please complete this form with signatures and send it with a copy of the invitation letter, the picture page(s) of all passport(s) (J1 and any J2 dependents), supporting financial document(s) in U.S. dollar amounts, and the completed "English Proficiency form" to:

Office of International Student Services 2900 Bedford Ave., West Quad 235

Attn: Ryan Buck Tel: (718) 951-4477 Fax: (718) 951-4287

Email: RyanBuck@Brooklyn.cuny.edu

NOTE:

- The stay of a J exchange visitor coming to the US as Professor or Research Scholar is limited to 5 years including previous continuous time spent at another institution under the J-l status. Also, the J applicant might be affected by either the 12-month or 24-month bar or 212e. Please contact the Office of Human Resources for more information about these limitations and requirements.
- Applications for J-1 status appointed to a tenure or tenure-track position will not be accepted.

A. SPONSORING DEPARTMENT AT BROOKLYN COLLEGE

| 1. | School:Dept | | |
|----|---|-------|--|
| 2. | Address: | | |
| 3. | Sponsoring Faculty Member (please print): | | |
| 4. | Signature of sponsoring Faculty Member: | | |
| 5. | Signature of Dept. Chairperson: | Date: | |
| 6. | Signature of Dean: | Date: | |



West Quad 235 Phone: 718-951-4477

Fax: 718 -951-4287

Email: iss@brooklyn.cuny.edu Web: www.brooklyn.cuny.edu

REQUEST FOR DS-2019/J1 VISA SPONSORSHIP

B. MAILING OF DS-2019 TO SCHOLAR (VIA UPS) Address where DS-2019 should be mailed. Address Line 1_____ Address Line 2_____ City______Postal Code_____ Province_____COUNTRY____ Destination telephone number:_____ E-mail address: C. SCHOLAR INFORMATION _____Male___Female___ (Family name) (Given name) (Middle) »»As it appears in passport«« *Please attach a copy of the picture page of passport.* (month/day/year) (city) (country) 3. Single Married If married, will spouse accompany scholar and need J-2 status? No ___Yes___. Will children accompany scholar and need J-2 status? No Yes . Note: If you answered "yes" to either of the questions above, please see page 4. 4. Country of citizenship: Country of legal permanent residence: 5. Highest degree obtained: in what field? 6. Current occupation in home country:

(if undergraduate or graduate student, indicate so)



West Quad 235

Phone: 718-951-4477 Fax: 718 -951-4287

Email: iss@brooklyn.cuny.edu Web: www.brooklyn.cuny.edu

REQUEST FOR DS-2019/J1 VISA SPONSORSHIP

| 7. Current employer in home country (if applicable): | | | | | | | |
|---|--|--|--|--|--|--|--|
| 8. Has appointee previously visited Brooklyn College? NoYes | | | | | | | |
| If yes, when and on which visa type(s)? | | | | | | | |
| 9. If this appointee has ever been in J-1 status in the U.S., please list the dates (category and length) and purpose o | | | | | | | |
| stay within the last 2 years - if none - enter "none". | | | | | | | |
| DO NOT LEAVE THIS QUESTION BLANK | | | | | | | |
| | | | | | | | |
| 10. If appointee is already in the U.S. and will not be leaving before the begin date of the appointment at | | | | | | | |
| Brooklyn College, please provide the following: | | | | | | | |
| a) Current visa status? (B/B2, WB/WT, F-I, J-I, etc.) | | | | | | | |
| b) Please attach a photocopy of the front and back of his/her 1-94 card (as well as those of any accompanying family | | | | | | | |
| members). If currently on a J-1 visa and transferring to Brooklyn College, attach a photocopy of all of his/her pink | | | | | | | |
| IAP-66 forms related to the current J-l program. | | | | | | | |
| D. APPOINTMENT AT BROOKLYN COLLEGE | | | | | | | |
| This isa new J-1 appointmentJ-1 extension a transfer of J-1 status from another institution. | | | | | | | |
| 1. FOR EXTENSIONS ONLY: Please submit a photocopy of appointee and any J-2 dependents' current I-94 card(s). | | | | | | | |
| 2. FOR EXTENSIONS ONLY: Does he/she plan to travel outside U.S. before the begin date of his/her next appointment? | | | | | | | |
| No Yes | | | | | | | |
| 3. Official University Title: | | | | | | | |
| 4. Brief description of duties and in what field: | | | | | | | |
| 5. Length of appointment for which funding is available [limit 5 years]: | | | | | | | |
| To Begin:: To Terminate: | | | | | | | |
| (month/day/year) (month/day/year) | | | | | | | |



West Quad 235 Phone: 718-951-4477

Fax: 718 -951-4287

Email: iss@brooklyn.cuny.edu Web: www.brooklyn.cuny.edu

REQUEST FOR DS-2019/J1 VISA SPONSORSHIP

E. FINANCIAL SUPPORT FROM ALL SOURCES WHILE AT BROOKLYN COLLEGE

NOTES:

- Amount must be confirmed in U.S. dollars.
- Appointees should be prepare to have a minimum of \$2000/month for living expenses and an additional \$650/month for spouse and \$300/month per child, assuming they are receiving health insurance, and more if they are not.
- ➤ Please attach current supporting financial documents in U.S. dollar amounts

Check below all applicable means of support and indicate amounts:

| A Brooklyn College (Including | funding from gran | nt money awar | ded to Bro | ooklyn College |
|-------------------------------|--------------------|---------------|------------|----------------|
| U.S. \$ per_ (amount) | (period) | | | |
| BThe Exchange Visitor's Gove | rnment: U.S. \$_ | (amount) | per | (period) |
| Name of the Government Ag | gency | | | |
| C Other Sources (e.g. employe | r, relative): U.S. | \$ | per | |
| Name of the source | | | | (period) |
| DPersonal Funds: U.S. \$(am | per | | _ | |
| (am | iount) | (period) | | |
| | | | | |
| nature of Sponsor | Date | | | |
| | | | | |
| airperson's Approval | Date | | | |



West Quad 235 Phone: 718-951-4477

Fax: 718 -951-4287

Email: iss@brooklyn.cuny.edu Web: www.brooklyn.cuny.edu

REQUEST FOR DS-2019/J1 VISA SPONSORSHIP

THIS SECTION SHOULD ONLY BE COMPLETED BY J-1 APPLICANTS WITH ACCOMPANYING DEPENDENTS THAT WILL REOUIRE .J-2VISAS

| Spouse | | |
|--|----------|--------|
| 1 | _ Male | Female |
| (family name) (given name) (middle) **As it appears in passport** **Please attach a copy of the picture page of all passport** | t a | |
| rieuse attach a copy of the picture page of all passport | 28 | |
| 2. Born in, (coun | try) | |
| 3. Country of citizenship: | | |
| Country of legal permanent residence: | | |
| Child 1 | | |
| 1. | Male | Female |
| 1(family name) (given name) (middle) ***As it appears in passport*** | | |
| 2. Born in, (coun | | |
| (month/day/year) (city) (coun | try) | |
| 3. Country of citizenship: | | |
| Country of legal permanent residence: | | |
| Child 2 | | |
| 1(family name) (given name) (middle) | _ Male | Female |
| (family name) (given name) (middle) ***As it appears in passport*** | | |
| 2. Born in, | | |
| (month/day/year) (city) (coun | try) | |
| 3. Country of citizenship: | | |
| Country of legal permanent residence: | | |

*****Please use the back of sheet for additional dependents.