International Student and Scholar Services (ISSS)
Miami University, Oxford, Ohio

Request for DS-2019 for International Scholar

I request that Form DS-2019 be prepared for the person on the second page, who is to be offered a temporary appointment as a visiting scholar under the sponsorship of Miami University’s J-1 Exchange Visitor Program.

After obtaining signatures from the Department Chair and Dean, send the completed form (following page) and all supporting documentation to Academic Personnel in Roudebush 001 (529-6724). After the appointment letter is complete, the information will be sent to ISSS and they will issue the DS-2019.

- If the international scholar is to be accompanied by dependents, please complete the “Request for DS-2019 for Dependents.”
- If the international scholar is already in the U.S., please contact ISSS immediately (international@MiamiOH.edu; 529-5628) and attach photocopies of current visa documentation (e.g. visa stamp, DS-2019). This information is essential to determine eligibility for extension of stay and/or transfer to our Exchange Visitor Program.

Scholar Application Checklist

- DS-2019 Request Form (following page)
- Copy of Passport
- Resume/CV
- Documentation of funding (if not paid by Miami). Accepted documentation includes bank statement, scholarship letter, salary statement, etc.
- Employment Recommendation Form (if paid by Miami)
- Documentation of previous J-1 status and/or current visa status (if applicable)

NOTE:
If “Export Control Issues” is marked “yes” (see bottom of second page) the Department Chair and faculty supervisor will be contacted by an OARS representative.

J-1 Scholars must check in with ISSS upon arrival by scheduling an appointment (call 529-5628).

DENIALS:
If the request is denied by the Department Chair, s/he shall circle DENIED, sign the form, and return it to the faculty supervisor for his/her records.

If the request is denied by the Dean, s/he shall circle DENIED, sign the form, and return it to the Department Chair for his/her records. The department chair should also provide the faculty supervisor with a copy of the form.

If the request is denied by the Provost, s/he shall circle DENIED, sign the form, and return it to the Dean for his/her records. The Dean should also provide the Department Chair and faculty supervisor with a copy of the form.

If denied, the international scholar is not permitted on campus.
Please answer ALL questions on this form.

Name of International Scholar

(Family name) (First name) (Middle name) 

Male Female (circle one)

Date of Birth__________________ Place of Birth__________________ Country of Citizenship__________________

(Month-Day-Year) (City) (Country)

Country of Legal Permanent Residence ___________________________ Email address: __________________________

Current Position in home country ___________________ Employer/University in home country _________________________

Has this person held J-1/J-2 status in the past? Yes No (If yes, you must include a copy of most recent DS-2019)

Will any Miami faculty or students go to this person’s country or institution as part of a reciprocal exchange or partnership? Yes No

Dates of Appointment at Miami: Begin ________________________ End________________________

Location of Appointment: _________________________________________________________________

Oxford, OH 45056

(Department) (Building)

Might the appointment be extended beyond original end date? Yes No Expected maximum duration of program: _________

Subject Area of Specialization During Appointment:_____________________________________________________________

Brief description of the program or duties to be performed (researcher, professor, etc.) ____________________________________

Source and amount of the International Scholar’s financial support in U.S. dollars (minimum $1200/month required):

From Miami University............................................. Amount $_______________________

Funding from one or more U.S. Government Agencies........ Amount $_______________________

Name Agency(ies):_____________________________________________

From other sources (specify)...................................... Amount $_______________________

From personal funds............................................... Amount $_______________________

Address (to mail DS-2019):

Street Address: ____________________________________________________________________________________

City: _______________________________________ Province: __________________________________________

Country: ____________________________________ Postal Code: __________________________________________

Exchange Visitor’s Phone Number: __________________________________________

Department account number for express mailing documents (e.g. INP 001): __________________________

Faculty Supervisor – Name, Phone # & email: ____________________________________________________________

1. Department Chair: APPROVED DENIED (circle one)

Signature: ___________________________ Date ___________________________

2. Dean: APPROVED DENIED (circle one)

Signature: ___________________________ Date ___________________________

3. For Academic Personnel Use: Export Control Issues? Yes No (circle one)

Signature: ___________________________ Date ___________________________

4. Provost: APPROVED DENIED (circle one)

Signature: ___________________________ Date ___________________________