

Pratt Institute Office of International Affairs

Lower Level Main Building, 200 Willoughby Ave.

Brooklyn, NY 11205

Phone (718) 636-3674 Fax (718) 636-3497

<http://www.pratt.edu/oia>

oia@pratt.edu

**FORM A: DS-2019 INITIAL REQUEST FOR SCHOLARS
BY SPONSORING DEPARTMENT**

DIRECTIONS: To be completed by the sponsoring department for international scholars engaging in research or teaching. A DS-2019 will be issued within 10 business days and **returned to the department** for mailing to the visitor. All information should be typed, or print clearly. **Please read the INSTRUCTIONS SHEET for complete details.**

Request Type: New Transfer IN Change of Status Amendment (update funding, dept., appt., etc.)

SECTION 1: Scholar Information

Enter the information as it appears on the scholar's passport biographical page. **REQUIRED:** Passport biographical page.

1. Name of Scholar: _____
(Family/Last name) (First/Given Name) (Middle Name)

2. Date of Birth: _____
(Month/Day/Year)

3. Gender (select one): Male Female

SECTION 2: Program Information

4. Pratt Appointment Date: From: _____ To: _____ 5. Future Extension?: Yes No
(Month/Day/Year) (Month/Day/Year)

6. J-1 Category: Research Scholar Short-Term Scholar Professor
(6 mos. max duration)

7. Pratt Payroll/Non-Paid Title: _____ 8. Title Code: _____

9. Pratt Area/Field of Research: _____

10. Activity: Researcher Professor/Lecturer 11. Is this a tenure track position?: Yes No

SECTION 3: Financial Support Information

Read Instruction Sheet for minimum requirement details. **REQUIRED:** Written verification such as an invitation letter, funding support, or bank statement written in English must be attached. Funding must be converted to US dollars.

<input type="checkbox"/> Pratt Institute (includes government grants to Pratt)	\$ _____ per month x _____ months= \$ _____
<input type="checkbox"/> US Government Agency (includes grants given directly to visitor for international exchange)	\$ _____ per month x _____ months= \$ _____
<input type="checkbox"/> Visitor's Home Government (paid directly only)	\$ _____ per month x _____ months= \$ _____
<input type="checkbox"/> International Organization (paid directly only, NATO, UN, WHO)	\$ _____ per month x _____ months= \$ _____
<input type="checkbox"/> Binational Commission (paid directly only, Fulbright)	\$ _____ per month x _____ months= \$ _____
<input type="checkbox"/> Other (must specify, ex. home institute name): _____	\$ _____ per month x _____ months= \$ _____
<input type="checkbox"/> Personal Funds (attach copy of bank statement)	\$ _____ per month x _____ months= \$ _____
TOTAL = \$ _____	

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12. Is Pratt paying for health insurance?: Yes No

SECTION 4: Pratt Department Certification

PLEASE READ CAREFULLY BEFORE YOU SIGN THIS FORM. Your signature indicates that you agree to the following:

- The sponsoring department will provide assistance to the visitor upon arrival at Pratt.
- The proposed Pratt activity is suitable to the visitor's background, needs, and experience.
- The visitor has sufficient English language proficiency to participate in the proposed activity and to adjust to daily life.
- The visitor and family members have sufficient funding for their stay. (Please see attached instruction sheet for a complete breakdown of the monthly minimum requirements.)
- The visitor is aware of the health insurance requirement and has a clear understanding of who will be responsible for paying the insurance premiums. (See Form C: Health Insurance Memo of Understanding for details about health insurance requirements.)
- The visitor has a clear understanding of what office/lab space, equipment, computer access, etc. will be available.
- The visitor will engage only in activities that are consistent with the intended program while on the Pratt campus. **Departments must inform the OIA when the scholar will be away from Pratt for more than 30 days while in J status.**

Program Sponsor Information:

Sponsor/Supervisor: _____
Name Signature Date Phone #

Department Chair: _____
Name Signature Date Phone #

Department Contact: _____
Name Signature E-Mail Address

Department: _____ Phone Number: _____

13. Site of Activity (Physical location of scholar's primary activity): Main campus Pratt Manhattan Other

NOTE: PLEASE ALLOW AT LEAST 10 WORKING DAYS TO PROCESS THIS REQUEST

Departments should mail the following forms to the Pratt OIA:

CHECKLIST:

- Form A: DS-2019 Request Form (completed by department)
- Form B: Scholar Information Sheet (completed by scholar)
- Form C: Health Insurance Memorandum of Understanding (completed by scholar)
- Pratt Invitation Letter or Employment Offer Letter
- Proof of Financial Funding, i.e. support letter, scholarship letter, bank statement, etc. (non-Pratt support)
- Copy of biographical page in passport, including dependents
- Copy of immigration documents if currently in the US (For transfer or Change of Status)