

Pratt Institute

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Pratt Institute
International Student
Affairs

FORM B: DS-2019 INITIAL REQUEST BY PROSPECTIVE SCHOLAR

DIRECTIONS: Please fill out the following information in order for us to issue you a DS 2019 so you can acquire your J-1 visa. You will need to include a short cover letter, a copy of your passport, Pratt job offer letter, financial documents to cover \$1,800/month (plus \$900/month for a spouse dependent and \$500/month for a child dependent), and health insurance coverage. All documents must be in English. Submit the completed forms and attachments directly to the sponsoring department at Pratt. **The department is responsible for assembling all application materials and delivering them to:**

OIA for Research Scholars & Short-term Scholars
Human Resources for Professors

1. Family Name _____
2. First Name _____
3. Middle Name _____
4. Gender: Male
 Female
5. Date of birth: Month _____ Day _____ Year _____
6. City of Birth _____
7. Country of Birth _____
8. Country of Citizenship: _____
9. Country of legal permanent residency _____
10. Address in home country street _____
City _____ postal code _____
country _____
Tel. _____
(This must be included on the Express Mail's air bill)
Email _____

11. Address in US (if known) _____

12. Where would you like your DS 2019 documents sent?

Address in Home Country

Other:

Street _____

City _____ Postal Code _____

Country _____

Tel. _____

(This must be included on the Express Mail's air bill)

Pick up in person

13. What is your title, profession, or position in your home country?

(Ex: Architect, Undergraduate student, Professor) _____

14. Marital Status: Married Single

15. Please complete this section for your sponsored dependents who will accompany or join you later in **J-2 status only**. Do not enter dependents sponsored under your spouse's separate status. Only your legal spouse and unmarried children under age 21 may be included as family members. Include photocopies of the passport biographical page for all family members.

Family Name, First Name, Middle Name	Relationship (i.e. wife, daughter or son)	Date of Birth (i.e. Jan. 1, 2000)	City of Birth	Country of Birth	Country of Citizenship	Country of Permanent Residence

(Scholar's Name)

16. Will your dependent(s) travel to the US with you? Yes No

17. My family will arrive separately in J-2 status on, or around (date): _____

18. What will your housing arrangements be?

19. What are the dates you will be in the United States?

From: Month _____ Day _____ Year _____ To: Month _____ Day _____ Year _____

20. What is the specific field you will be teaching while at Pratt?

21. What salary will Pratt be providing you with? _____

(Pratt estimates your expenses to be \$1,800/month. If the salary is less than this, please provide a bank statement to equal \$1,800/month plus \$900/month for a spouse dependent and \$500/month for a child dependent)

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

23. List courses to be taught each semester _____

24. How many contact hours will you teach?

Undergraduate _____

Graduate _____

Other _____

25. Department and Person who hired you: _____
Tel. Number: _____
Email: _____

26. Will you be working at any other institutions while you are in the United States during this time period? Yes No

If yes, where will you be working? _____

Dates: _____

27. In order to be eligible for employment, our government asks that you obtain a J-1 visa for the United States. If you already hold a visa of any type, please send us a copy of your visa.

Do you currently have a J-1 visa? Yes (Please attach copy)
 No

28. Are you currently in the USA? Yes No

a. If YES, please indicate your current immigration status: _____

NOTE: Please attach a photocopy of all current immigration documents including Form I-94, DS-2019 form(s), I-20 form(s), EAD card(s), and/or I-797 approval form(s).

b. If YES, please check one:

I will be leaving the US and returning before I begin/resume my appointment at Pratt.
Please give destination and travel dates: _____

I am requesting a Change of Status (I-539) with USCIS (i.e. F-1 OPT/B-1/J-2 to J-1, etc.).
NOTE: You must contact the OIA to set an appointment with an advisor for all change of status applications.

I am currently in J-1 status and requesting a transfer to Pratt. (If checked, answer the question below.)

i. Have you applied for a waiver of the two-year home country residence requirement (212e)? Yes No

29. Has a labor certification ever been filed on your behalf and has it been approved?: Yes No

30. Has an immigrant visa petition (I-140 and/or I-485) for permanent residence ever been filed on your behalf?:

Yes Explain No

31. During the last two years, have you been in the USA in any J status?

Yes No

If YES, please complete the following sections. Begin with the most recent visa status and work backwards chronologically.

J Visa Classification (J-1 Research Scholar, Professor, Student, J-2, etc.)	Begin and End Dates in USA (i.e. Jan 1, 2005-Dec. 31, 2005)	Purpose of Stay (i.e. researcher, PhD student, dependent, etc.)	J Visa Sponsoring Institution or Agency

SCHOLAR CERTIFICATION

Please read the following carefully and sign.

- US government regulations require that all participants in J-1 exchange visitor status (and J-2 dependents) purchase adequate health insurance as defined by the Department of State. You must sign Form C: Health Insurance Memorandum of Understanding.
- Attend an orientation session at the OIA within 15 days of arrival.
- The OIA must validate your SEVIS record within 30 days of the start date of your program. Notify your department if your arrival will be delayed.
- Notify the OIA upon your departure from Pratt.

Signature: _____ **Date:** _____

FORM C: HEALTH INSURANCE MEMORANDUM OF UNDERSTANDING

DIRECTIONS: Please sign and date this form so Pratt can issue a Form DS-2019 to you. A photocopy or fax of this form is acceptable. **Please submit the completed form and any additional attachments to the sponsoring department at Pratt.**

SCHOLAR CERTIFICATION

Name of Visitor: _____

Pratt Department: _____

- **I understand that the Department of State requires me and all of my J-2 dependent family members to have the following minimum health insurance coverage throughout my stay:**
 - Medical benefits of at least \$50,000 per accident or illness (The Pratt OIA recommends \$100,000.)
 - Repatriation of remains in the amount of \$7,500.
- **I understand that I will need to pay for the insurance unless my sponsoring department at the Pratt Institute has informed me in writing that they will provide the insurance.**
- I understand the cost of this insurance. If I choose a Pratt-endorsed insurance plan, I will enroll in Diplomat America (www.globalunderwriters.com) to include my family (prices are subject to change). If I choose my own insurance policy, it must meet the above criteria.
- I understand that insurance coverage backed by the full faith and credit of the government of my home country will also meet the rating requirements.
- I understand that government regulations require the university to notify the Department of State and terminate my J-1 status if they determine that I or my family members willfully fail to comply with the health insurance requirements.

I have been informed about my health insurance requirements, the cost involved, and the need to maintain the insurance for myself and all family members throughout my stay at Pratt.

Please choose ONE of the following:

- The sponsoring department at Pratt is paying for my health insurance.**
- I will be covered by my new home country health insurance plan during my stay in the USA.***
- I will purchase/renew the health insurance plans from the Pratt OIA.**
- Other*** _____

*Please fax/scan a copy of your insurance coverage in English which clearly outlines that it meets the above criteria.

Signature: _____ **Date:** _____