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: __________   (Month/Day/Year) (Month/Day/Year)
5. Future Extension?: ☐ Yes ☐ No
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.

☐ Pratt Institute  ☐ US Government Agency
(includes government grants to Pratt)  (includes grants given directly to visitor for international exchange)
$ __________ per month x _____ months= $ __________

☐ Visitor’s Home Government  ☐ International Organization
(paid directly only)  (paid directly only, NATO, UN, WHO)
$ __________ per month x _____ months= $ __________

☐ Binational Commission  ☐ Other (must specify, ex. home institute name):
(paid directly only, Fulbright)  ________________________________________
$ __________ per month x _____ months= $ __________

☐ Personal Funds  (attach copy of bank statement)
$ __________ per month x _____ months= $ __________

TOTAL = $ __________

(.GO TO NEXT PAGE: 1 OF 2)
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:

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<tr>
<th>Name</th>
<th>Signature</th>
<th>Date</th>
<th>Phone #</th>
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</thead>
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Department Chair:

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<tr>
<th>Name</th>
<th>Signature</th>
<th>Date</th>
<th>Phone #</th>
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Department Contact:

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<tr>
<th>Name</th>
<th>Signature</th>
<th>E-Mail Address</th>
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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)