University of Hawai'i at Mānoa | Faculty and Scholar Immigration Services

DS-2019 Initial Request Form

Use this form to request sponsorsh	nip for new J-1 exchange visitors and to requ	uest UH interdepartmental transfers.
J-1 exchange visitor (EV):	Start Date:	End Date:
Please attach: UH FSIS J-1 EV Information Form UH FSIS J-2 Dependent Information F UH FSIS Agreement to Oversee J-1 Ev UH FSIS Export Compliance Screening Copy of faculty sponsor's invitation for Curriculum vitae or resume (not required signatures) Evidence of financial support - funding Proof of UH funding—PNF, UH required signatures. Evidence of financial support in Covernment or private (government or private) Personal funding—certify include an attestation story include an attestation story UH FSIS J-1 EV English Proficiency Ce UH FSIS J-1 EV Health Insurance Com UH FSIS J-1 EV Health Insurance Com UH FSIS I-94 Record Retrieval Conservations	Form (if applicable) xchange Visitor and J-2 Dependent g Form for J-1 Exchange Visitor and J-2 Depetter to the EV (follow J-1 Invitation Letter to uired for internal transfers) ing for the full requested period must meet. FSIS J-1 EV Stipend Form, Form 6, or consultin USD (include a currency conversion if need anization(s)—letter on the organization's letter on the organization's letter on the bank statement in USD. If the EV and/of tating the monthly funding amount and data artification and relevant documentation mowledgment Form inpliance Form (UH internal transfers only) int into pages for EV and each J-2 dependent in (UH internal transfers only)	endent and determination from OEC template) the minimum requirements. tant contract, fully executed with all eded): tterhead stating: (1) funding source dates of the funding period. or J-2(s) are not named on the statement,
No Yes—See 12-month and 24-	month bars, attach DS-2019s from prior J-1	/J-2 periods, and complete below:
1. Name:	J-1 or J-2? J-1 EV's category:	
Start and end dates:	Sponsoring org:	
2. Name:		
Start and end dates:	Sponsoring org:	
А	ttach a separate sheet if more space is need	ded
Faculty sponsor's signature:	Name:	Date:
Email:	Phon	e:
Department Chair's signature:	Name:	Date:
	Name:	
Reviewed by HR specialist:	Email:	Phone:
	FSIS recei	ved on: