



BROWN

Office of International Student & Scholar Services

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New or Transfer in Request for Form DS-2019 for J-1 Exchange Visitors
By Departments or Affiliated Hospitals of Brown University

Scholar Information

Date Submitted: _____

1. Scholar's name exactly as indicated in his/her/their passport

Family/Surname _____ Given/First _____

2. Date of Birth: (month) _____ (day) _____ (year) _____ 3. Gender: Male [] Female [] Other []

Appointment Information

4. Entity & Department Name: _____

5. Brown Position Title: _____, primarily (select one) Teaching [] Research []

6. Requested appointment at Brown University/Hospital: Start Date: _____ End Date: _____

7. Is it possible this appointment will continue beyond this end date? Yes No

8. 100% Brown/Hospital appointment required. If less than 100%, please explain: _____

9. Subject/Field and short description of Scholar's Primary Activity/Research at Brown/Hospital: _____

10. Physical Address of work location: _____
Street City State Zip

11. J-1 Exchange Visitors are not permitted to work remotely more than 40%, or 2 days per week. Will the scholar be permitted to work remotely, not to exceed 2 days, or 40% of the work week? Yes No

12. If yes, please provide the physical location of their remote work, if known:

Street City State Zip

Visa Specific Information

13. Exchange Visitor Category Requested (check one):

Professor/ Research Scholar (5 year maximum) [] Short-Term Scholar (6 month maximum; no extension beyond 6 months possible) []

** According to the Social Security Administration Short Term Scholars that will have appointments for one month or less may not be eligible for a Social Security Number even if they will receive pay from Brown University. Without a Social Security Number, they will be subject to federal income tax withholding.

Funding Information

14. Source(s) of Financial Support (enter amount in U.S. Dollars and include currency conversion with all funding documentation) *:

Brown University \$ _____

Hospital \$ _____

Exchange Visitor's Government (attach the award letter (with English translations)) \$ _____

Other Organization (specify) _____ (attach the award letter) \$ _____

Personal funds (attach a financial statement) \$ _____

*Personal funds are only accepted if no other funding source is available or to supplement another funding source

**Financial Support Guidelines: For Exchange Visitor: \$2868/month. If family members will accompany visitor, please allow \$604 per month for spouse and \$431 per month per child

I hereby certify that this department supports the request to sponsor the above-mentioned individual as a J-1 Exchange Visitor. I also confirm that all the information provided in this form is true and accurate to the best of my knowledge.

Administrative Contact Name: _____ Phone: _____

Contact Signature: _____ Date: _____

Appointments of Medical Doctors: I further certify that the program in which the J-1 scholar is to be engaged is **solely for the purpose of observation, consultation, teaching or research and that no element of patient care is involved.**

Department Chairperson/ Division Director's Printed Name: _____

Department Chair's Signature _____ Date _____

If applicable: Processing Fee is charged to Women & Infants Hospital Butler Hospital Cost Center# _____

Billing Address _____

Authorized by _____ Signature _____ Date _____

Documents that must be attached with this request:

1. Completed Scholar Information Request form
2. Signed Appointment Letter
3. Copy of Exchange Visitors Passport
4. Proof of Funding
5. Copy of the Exchange Visitor's CV or Resume
6. Copy of Language Proficiency Verification form
7. Copy of any dependent passports and applicable marriage certificate
8. Export Control and Sanctions Regulations Review Form for Foreign Scholars and Visitors
9. Any Additional documents as per instructions below

Appointment/Offer of Employment Letters

For faculty appointments, letters of appointment from the Dean of the Faculty or BioMed will be necessary. For Public Health appointments, letters of appointment from Public Health will be required. For Hospital appointments, letters of appointment from BioMed Faculty Administration (BMFA) will be required. For research staff appointments, offer of employment letters from Department Head or Chairperson will be required.

Instructions for Where to Send This Form: Please send this request form together with the above documentation to:

- I. For faculty appointments, including visiting scholars, scientists, postdoctoral research associates, and visiting professors send to Faculty Personnel, faculty-personnel@brown.edu.
- II. For BioMed Faculty appointments send to BioMed Faculty Affairs, BMFA@brown.edu.
- III. For all appointments in the School of Engineering, send to School of Engineering Faculty Administration, soefa@brown.edu
- IV. For all appointments in the School of Public Health send to Manager, Faculty Affairs and Administration, sphfa@brown.edu
- V. For all Brown University paid Postdoctoral Research Associates in the field of **Biology and Medicine** please send the Request for DS-2019 together with the appointment letter to the Associate Dean for Graduate and Postdoctoral Studies, Box G-A219, Fax: 3-2660.
- VI. For hospital-based faculty or staff, please send this request form to the Department Chairperson, Division Director and/or Sponsor for approval. The Department Chairperson or Division Director will be required to submit a letter/memo recommending the Brown University appointment. The department will then forward the appropriate documentation to BioMed Faculty Administration, BMFA@brown.edu
 - Brown appointment letters from the Dean of Medicine will be required. All letters should include the visitor's title, inclusive dates of employment, and funding information.

Faculty Personnel and the School of Engineering will forward the DS-2019 request to the Office of International Student and Scholar Services after the appointment letter is signed by the visitor and the visitor returns a copy of the appointment letter to the appropriate office. BioMed Faculty Affairs, School of Public Health, and the Associate Dean for Graduate and Postdoctoral Studies will send the appointment letter to the department at which time the department will need to send the complete request to OISSS@brown.edu.

Please allow for three weeks for OISSS to generate Form DS-2019.