

## Important Information and Instructions for Completing the Department Request for DS-2019 Form

### U.S. Immigration and Customs Enforcement

1. Prospective Exchange Visitors (EV) need 2-3 months to obtain a J-1 visa. The Department of Homeland Security (DHS) will assess J-1 applicants \$140 prior to obtaining the J-1 visa (payable before going to their interview in the U.S. embassy, at their home country). Dependents (J-2) do not have to pay this fee.
2. EVs **must** enter the U.S. on or before 30 days from the beginning date on their program. If the EV cannot arrive on or before the beginning date on the DS-2019, the Office of International Students & Scholars (OISS) **must** be notified so that their SEVIS record can be amended to reflect the new arrival date. Failure to do so **will** result in the termination of their program and the EV **will** not be permitted to enter the U.S. (Homeland Security regulation).
3. EVs **must** show proof of health insurance for self and dependents. EVs are not covered by URI's health benefits. Hence, they must purchase it from a private provider, at home or in the U.S. Failure to do so **will** result in the termination of their program (Department of State regulation).
4. EVs and dependents **must** report to the Office of International Students and Scholars immediately upon arrival to the U.S. and the URI campus. Failure to report **will** result in the termination of their program (Homeland Security and State regulation).
5. EVs and dependents **can** obtain a social security cards **only** if employed in the United States. The Social Security Administration **will not** grant a social security card to a person for the purpose of obtaining a driver's license, rent an apartment, or open a bank account (Social Security Administration regulation).

### Extensions

6. If you wish to extend the Exchange Visitor, you must submit an extension **no later** than 30 days prior to the expiration date on the EV's current DS-2019 document. You can access the request form (PDF document) by visiting the ISS web page: [http://www.uri.edu/iss/forms/\\_index.php](http://www.uri.edu/iss/forms/_index.php)

### Transfers from-to another American institution:

7. If an EV wishes to transfer to URI from another American institution, the EV must discuss the plans with the transfer-out institution and that institution must release the EV to URI (Homeland Security regulation).
8. The transfer-out school must transfer the EV's record using SEVIS, before URI can generate a new DS-2019.

### Exchange Visitors Categories

9. **Student:** An individual pursuing a full course of study leading to or culminating in the award of a U.S. degree from a post-secondary accredited educational institution (**degree**).
  - Engaged full-time in prescribed course of study of up to 24 months duration (**non-degree**)
  - Engaged in academic training (**degree and non-degree**)
  - Engaged in English Language Training (**non-degree**)
10. **Interns:** An individual current in and pursuing studies at a degree or certificate granting post secondary academic institution outside the U.S. the primary objective is to enhance its skills and expertise in their academic or occupational field. Sponsoring Departments must request a **DS-2019** and a **DS-7002 form** in order to bring an intern to the University of Rhode Island.

**Miscellaneous:**

11. If you do not complete the request form on-line; please, download and type the request form. Check your work **carefully** for errors (names, birth dates, city of birth, etc.). Please provide a copy of the **official passport** and **proof of financial support**.
12. Per Department of State regulations, exchange visitors in the student intern classification **cannot** change from student intern to a degree seeking category in the U.S. if an intern will like to pursue studies at URI please instruct them to visit the office of International Students & Scholars.
13. It is your responsibility to mail the Form DS-2019 to the EV. We will inform you once the form(s) has/have been completed.
14. Notify the OISS once an exchange visitor has finished his/her program by calling 874-2543; fax: 401-874-2402; or [issoff@etal.uri.edu](mailto:issoff@etal.uri.edu). **Failure** to do so may result in complications for the EV when attempting to return in the same or another visa category to the United States (Homeland Security).

## EXCHANGE STUDENTS/INTERNS PROGRAM

### REQUEST FORM FOR DS-2019

- The Code of Federal Regulations (CFR), Title 22, Chapter V, Part 514, and the United States Information Agency, stipulate that an Exchange Visitor must purchase medical insurance for self and dependents (including health/accident insurance coverage, repatriation cost for remains, and dismemberment). If university medical insurance is not available, then, the visitor must purchase insurance from a private provider.
- If you are sponsoring an **INTERN**, please provide information on page 2.
- Please type or print legibly all answers provided.

<b><i>Exchange Student/Intern Information</i></b>
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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Date of Birth: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Gender:  Female  Male

City of Birth: \_\_\_\_\_ Country of Birth \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

Country of Legal Residence: \_\_\_\_\_ E-mail: \_\_\_\_\_

Home Institution: \_\_\_\_\_ Country of Home Institution: \_\_\_\_\_

Academic Status: (check one)  Degree Graduate  Non-degree Undergraduate  Intern

Major Field of Study: \_\_\_\_\_

Proposed Program Dates: From: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ To: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Extension Program Dates: From: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ To: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

<b><i>Financial Information</i></b>
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**Financial support for the prospective exchange student/intern will be provided by:**

URI \$ \_\_\_\_\_ . 00 USD

OTHER \$ \_\_\_\_\_ . 00 USD Name of Agency: \_\_\_\_\_

<b><i>OIE Information (only)</i></b>
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Contact Person: \_\_\_\_\_ Phone #: (401) 874-5546 Fax: (401) 874-4573

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Academic Department Information – FOR INTERNS ONLY***

Date of Request: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name of Intern Advisor/Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Academic Department: \_\_\_\_\_

Address of Department: \_\_\_\_\_

Telephone: (    ) \_\_\_\_\_ - \_\_\_\_\_    Fax: (    ) \_\_\_\_\_ - \_\_\_\_\_    E-mail: \_\_\_\_\_

***Details about the Internship Experience***

Please provide a brief description of the duties, goals and objectives expected of the Exchange Intern:

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Please explain how the proposed experience relates to the Intern’s major field of study:

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\_\_\_\_\_  
Signature of Dean/Department Head

\_\_\_\_\_  
Date