

## **J-1 STUDENT DS-2019 REQUEST**

- **Processing time for J-1 Student requests is 7-10 business days.**
- **Initial requests MUST be received a minimum of 8 weeks prior to the anticipated arrival date.**
- **Incomplete applications will be returned to the host department.**

### **SUPPORTING DOCUMENTS THAT MUST ACCOMPANY THIS FORM:**

#### **INITIAL STUDENT**

- PROOF OF FUNDING
- PROGRAM DESCRIPTION – (For Non-Degree Students ONLY)
- PASSPORT IDENTITY PAGE ONLY -PLEASE INCLUDE PASSPORT IDENTITY PAGES FOR ALL DEPENDENTS

### **DEFINITIONS OF STUDENT CATEGORIES:**

- **STUDENT** – An individual who is pursuing a full course of study leading to the award of an MSU degree.
- **NON-DEGREE STUDENT**- An individual who is pursuing a full course of study in accordance with a written MSU exchange agreement.

### **FUNDING REQUIREMENTS FOR 2008:**

<b>ESTIMATED EXPENSES TO PROVE FOR STUDENTS</b>				
<i>** Amounts listed may change</i>	<b>Tuition &amp; Fees</b>	<b>Living Expenses</b>	<b>Insurance</b>	<b>TOTAL</b>
<b>UNDERGRADUATE</b>				
Lower level (Fr./Soph.)	\$23,600	\$10,648	\$1,316	\$35,564
Upper level (Jr./Sr.)	\$24,372	\$10,648	\$1,316	\$36,336
<b>GRADUATE</b>				
With assistantship	\$15,720	\$12,418	\$1,316	\$29,454
Without assistantship	\$10,920	\$12,418	\$1,316	\$24,654
<b>NON-DEGREE (LIFELONG ED)</b>				
Undergraduate (12 cr)	\$9,140	\$ 10,648	\$1,316	\$21,104
Graduate (9 cr)	\$6,868	\$10,648	\$1,316	\$18,832
<b>ADDITION EXPENSES FOR DEPENDENTS</b>				
Spouse (wife/husband)	\$5,000 Per year			
Each child under 21	\$3,000(Per child) Per year		\$3,000 x # of children	

### **INSURANCE REQUIREMENTS:**

Federal Regulations require that all J-1 and J-2 visa holders carry health insurance at all times. The MSU host department may purchase this insurance at its discretion. If the host department does not provide health insurance, then it is the student's responsibility to obtain sufficient health insurance for the duration of the program for him/her and all dependent family members. Minimum health insurance requirements for J visa holders are as follows:

- \* \$50,000 per sickness/illness
- \* \$50,000 per accident/injury
- \* \$10,000 for medical evacuation
- \* \$7,500 for repatriation
- \* Maximum \$500 deductible

**J-1 INITIAL REQUEST TO BE COMPLETED BY THE STUDENT:**

***PURPOSE OF THIS FORM:***

- INITIAL REQUEST**  
 **TRANSFER TO MSU FROM A U.S. INSTITUTION**

Name of U.S. Institution Transferring From:	Transfer In Date:
Contact Person:	Phone Number:

**Have you been in J-1 or J-2 status in the past 5 years? YES  NO**

(If yes, all copies of the IAP-66/DS-2019 must be attached)

**Name must be exactly as it appears on the Passport**

STUDENT NUMBER (PID):		
Family name:	First:	Middle:
Male <input type="checkbox"/> Female <input type="checkbox"/>	Birth date (MM/DD/YYYY):	
City of birth:	Country of birth:	
Country of citizenship:	Country of legal permanent residence:	
Last position in home country: Student <input type="checkbox"/> Employee <input type="checkbox"/>		
If student, specify: Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/>		
If employee, job title: Employer:		
Marital Status: Married? Yes <input type="checkbox"/> No <input type="checkbox"/>	Children: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Mailing Address:	Email Address:	

**Family members who will accompany the visitor:**

Name: Last, First, Middle (Name must be exactly as it appears on the Passport)	Sex (M/F)	Date of Birth (M/D/YY)	City & Country of Birth	Country of Legal Perm. Residence	Country of Citizenship
Spouse:					
Child:					
Child:					
Child:					
Child:					
Child:					

**ADDITIONAL EXPENSES FOR DEPENDENTS**

Spouse (wife/husband)	\$5,000 Per year	\$3,000 x # of children
Each child under 21	\$3,000 Per year	

**INSURANCE REQUIREMENTS:**

Federal Regulations require that all J-1 and J-2 visa holders carry health insurance at all times. The MSU host department may purchase this insurance at its discretion. If the host department does not provide health insurance, then it is the student's responsibility to obtain sufficient health insurance for the duration of the program for him/her and all dependent family members. You can purchase sufficient insurance from a company in your home country, from the MSU Benefits Office, or from a private company in the United States. Minimum health insurance requirements for J visa holders are as follows:

- \* \$50,000 per sickness/illness
- \* \$50,000 per accident/injury
- \* \$10,000 for medical evacuation
- \* \$7,500 for repatriation
- \* Maximum \$500 deductible

**J-1 INITIAL REQUEST TO BE COMPLETED BY THE HOST DEPARTMENT:**

<b>STUDENT'S NAME:</b>		<b>BIRTHDATE:</b>	<b>PID:</b>
<b>CATEGORY OF VISITOR WHILE AT MSU: <span style="color: red;">NOTE: Non-degree students MUST be admitted to MSU as "Lifelong Education" students before the DS2019 can be produced.</span></b> <input type="checkbox"/> Non-Degree <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate			
<b>PERIOD COVERED BY THIS FORM: from (M/D/YY):</b> _____ <b>to (M/D/YY):</b> _____			
Major field & description of activity at MSU:			
Professor/Collaborator in department: <i>(Who will work with this visitor)</i>		Phone:	Email:
**Location of activity & address:			
**Address Line 1:			
**Address Line 2:			
**City:	**State:	**Zip Code:	

**\*\*Exact location where J-visitor will be working/studying**

<b>SOURCE OF FUNDING FOR THE DURATION OF REQUESTED VISIT</b>
<input type="checkbox"/> <b>MSU Department funds: \$</b> Health insurance provided by Department? Yes <input type="checkbox"/> No <input type="checkbox"/> Student/Sponsor providing health insurance? Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> <b>Student's Government: \$</b>
<input type="checkbox"/> <b>Other funds: \$</b> Source of other funds:
<input type="checkbox"/> <b>Personal/Family funds: \$</b>

<b>The department Head/Dean/Chairperson/Director must approve this host arrangement and sign below.          In lieu of signature, the Dept. Head/Dean/Chairperson/Director must send OISS an e-mail giving approval.</b>		
<b>Signed:</b> _____ (Dept. Head: Dean/Chairperson/Director)  <b>Typed Name:</b> <b>Title:</b> <b>Department:</b> <b>Dept. Address:</b>  <b>Phone:</b> <b>Today's date:</b>	<b>Person to contact when DS-2019 is ready:</b>  <b>Name:</b> <b>Email:</b> <b>Phone:</b>  <b>Preferred contact method:</b> Email <input type="checkbox"/> Phone <input type="checkbox"/>	<b><u>MSU Department Return to:</u></b>  Mary M. Gebbia-Portice Office for International Students and Scholars 103 International Center Phone: 517-353-1720 Fax: 517-355-4657 All inquiries should be directed via email to: <a href="mailto:mary@msu.edu">mary@msu.edu</a>