

DS-2019 Form & Sponsorship

The DS-2019 Form identifies InterExchange as your program sponsor. It describes the purpose of the program and states the time period that you are allowed to work. Your DS-2019 Form is proof of sponsorship for a J-1 Visa. **You are allowed to work ONLY with a valid DS-2019 Form and only through the dates listed in Section #3 on your DS-2019.** Your J-1 Visa is only valid with the DS-2019 Form.

Your SEVIS ID is on the upper right-hand corner of the form, which starts with the letter (N) followed by 11 numbers (E.g., N12345435333).

Following the completion of your program, (the period defined on the Form DS-2019), the United States Citizenship and Immigration Services (USCIS) allows you a 30-day travel period, commonly referred to as the Grace Period. Please consult with the U.S. Consulate in your home country and your university to see if there is a specific date by which you should return home. Ensure that you comply with that date. program ends.

The dates on your J-1 Visa may be different from the dates on your DS-2019 Form, and the expiration date on your J-1 Visa may be later than the expiration date on your DS-2019 Form.

If the last date on your J-1 Visa is before the expiration date on your DS-2019 Form, don't worry. You do not have to leave the country before your InterExchange program ends.

DRAFT

1. Family Name: Doe		First Name: Johan		Middle Name:		Gender: MALE		SEVIS ID: N0001234567	
Date of Birth (mm-dd-yyyy): 08-08-1988		City of Birth: Lodz		Country of Birth: POLAND		Citizenship Country Code: PL		Citizenship Country: POLAND	
Legal Permanent Residence Country Code: PL		Legal Permanent Residence Country: POLAND		Position Code: 215		Position: UNIVERSITY UNDERGRADUATE STUDENTS			
Primary Site of Activity: 123 Main Street Anywhere, NY 10013									
2. Program Sponsor: InterExchange, Inc.								Exchange Visitor Program Number: P-1-0000	
Participating Program Official Description: SUMMER TRAVEL/WORK									
Purpose of this form: Begin new program; accompanied by number (0) of immediate family members.									
3. Form Covers Period: From (mm-dd-yyyy): 06-01-2016 To (mm-dd-yyyy): 09-30-2016				4. Exchange Visitor Category: SUMMER TRAVEL/WORK Subject Field Code: 1234 Subject Field Code Remarks: Labor					
5. During the period covered by this form, the total estimated financial support (in U.S.\$) to be provided to the exchange visitor by:									
6. U.S. DEPARTMENT OF STATE / DIS USE OR CERTIFICATION BY RESPONSIBLE OFFICER OR ALTERNATE RESPONSIBLE OFFICER THAT A NOTIFICATION COPY OF THIS FORM HAS BEEN PROVIDED TO THE U.S. DEPARTMENT OF STATE (INCLUDE DATE).						7. Alternate Responsible Officer Name of Official Preparing Form: InterExchange, 100 Wall St, New York, NY 10005 Address of Responsible Officer or Alternate Responsible Officer: _____ Signature of Responsible Officer or Alternate Responsible Officer: _____ Title: _____ Telephone Number: 212-924-0446 Date (mm-dd-yyyy): 01-13-2016			
8. Statement of Responsible Officer for Releasing Sponsor (FOR TRANSFER OF PROGRAM): Effective date (mm-dd-yyyy): _____ Transfer of this exchange visitor from program number _____ sponsored by _____ to the program specified in item 2 is necessary or highly desirable and is in conformity with the objectives of the Mutual Educational and Cultural Exchange Act of 1961, as amended. Signature of Responsible Officer or Alternate Responsible Officer: _____ Date (mm-dd-yyyy) of Signature: _____									
PRELIMINARY ENDORSEMENT OF CONSULAR OR IMMIGRATION OFFICER REGARDING SECTION 212(d) OF THE IMMIGRATION AND NATIONALITY ACT AND PL 94-484, AS AMENDED (see item 1(a) of page 2): The Exchange Visitor in the above program: 1. <input type="checkbox"/> Not subject to the two-year residence requirement. 2. <input type="checkbox"/> Subject to two-year residence requirement based on: A. <input type="checkbox"/> Government financing and/or B. <input type="checkbox"/> The Exchange Visitor Skills List and/or C. <input type="checkbox"/> PL 94-484 as amended <small>(ALL USAID PARTICIPANTS G-5-9802J AND ALL ALIEN PHYSICIANS SPONSORED BY P-3-04519 ARE SUBJECT TO THE TWO-YEAR HOME RESIDENCE REQUIREMENT.)</small>						TRAVEL VALIDATION BY RESPONSIBLE OFFICER (Maximum validation period is 1 year*) *EXCEPT: Maximum validation period is up to 6 months for Short term Scholar and 4 months for Camp Counselors and Summer Work Travel. (1) Exchange Visitor is in good standing at the present time: Date (mm-dd-yyyy): _____ Signature of Responsible Officer or Alternate Responsible Officer: _____ (2) Exchange Visitor is in good standing at the present time: Date (mm-dd-yyyy): _____ Signature of Responsible Officer or Alternate Responsible Officer: _____			
THE U.S. DEPARTMENT OF STATE RESERVES THE RIGHT TO MAKE FINAL DETERMINATION REGARDING 212(d). EXCHANGE VISITOR CERTIFICATION: I have read and agree with the statement in item 2 on page 2 of this document. Signature of Applicant: _____ Place: _____ Date (mm-dd-yyyy): _____									

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