

DS-2019 Department Approval Form

The purpose of this form is to request a DS-2019 for UCLA scholars participating in the Exchange Visitor (J-1) Program. Complete all applicable items. Obtain the signature of the UCLA Faculty Advisor and Department Chairperson. Department must upload the form to ISD for New/Transfer DS-2019 requests or upload to DS-2019 Extension Submission Form.

Section A: Exchange Visitor Information

Last Name _____ First Name _____ (as appears on passport)

Date of Birth _____

Section B: Program Information

Purpose of the DS-2019 _____ J-1 Visa Category _____

Appointment Dates: Start Date _____ End Date _____ (start date not required for extension requests)

UCLA Department Name _____

UCLA Appointment Title _____ If Other _____

Subject of Activity (Brief description of program activities at UCLA) _____

Section C: UCLA Funding

Total UCLA funding exchange visitor is receiving during the appointment period:

The Exchange Visitor will not be receiving UCLA Funds.

Section D: Department Signatures

This certifies that the scholar named above is eligible, qualified and accepted to carry out, during the period specified, the activities indicated. The department has verified their educational credentials, English proficiency, and available funding.

Faculty Advisor (PI)

Name _____ Title _____

Signature _____ Date _____

Department Chairperson

Name _____ Signature _____

Date _____