

## 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 \_\_\_\_\_

Program 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 \_\_\_\_\_