J-1 Employer Questionnaire

	ould request a DS-2019 Form from ISSS.
Caı	ndidate's Last Name First Name Middle Name
1.	Department (Name and Address) :
2.	Scholar's Empl ID (required):
3.	Is the Scholar a medical student?
4.	Is Scholar a physician or certified to practice medicine in his home country?
5.	Will the Scholar have patient contact?
6.	Short term Scholar? (6 mo without extension):
7.	Program Begin and End dates (mm/dd/yyyy):
8.	Describe in one sentence, the primary project activities in which Scholar will be engaged:
9.	Subject field (https://isss.umn.edu/departments/j1-exchange-visitors/invite-scholar/subject-codes ?
10.	Is the Scholar currently in the U.S.?
11.	Faculty mentor (Name, Title, email, phone) :

Берагентенетте	d (Name, Title, Phone, Email):
Non- sponsored A	Account string :
Budget Contact Pe	erson (Name, phone, email) :
ONLY FOR TRANSF	FER FROM DIFFERENT UNIVERSITY
	ER FROM DIFFERENT UNIVERSITY
ONLY FOR TRANSF Is this a transfer?	ER FROM DIFFERENT UNIVERSITY
Is this a transfer?	FER FROM DIFFERENT UNIVERSITY aps! U of M start date cannot be after current DS-2019 date. ISSS will contact the

List of Documents needed from the department:

- Department Invitation letter/or Offer letter
- Employer Questionnaire
- English Proficiency Form (Copy of MELP results/ if any)

List of Documents needed from the Scholar:

- Copy of passport
- Copies of J-2 dependent passport
- Copies of current visa documents (if any)
- Copies of past DS-2019 (if any)
- Signed Statement of Responsibilities
- English Proficiency Form (copy of test results, test must be taken within the last 5 years.)