



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER™
EL PASO

VISA & IMMIGRATION SERVICES ADMINISTRATION
DS-2019 ATTESTATION FORM

I, the undersigned, certify that all of the information provided in the attached DS-2019 request form is true and accurate. We further agree to comply with the federal regulations listed below governing the J-1 Exchange Visitor Program:

- **LATE ARRIVAL:** We will notify VISA of any arrival delays more than 14 days past start date on the DS-2019 (scholars may arrive in the U.S. within 30 days of the start date on the Form DS-2019).
- **CHANGE OF ADDRESS:** We will notify VISA of all changes of address for TTUHSC J-1 and J-2 Exchange Visitors within 10 days of the move.
- **HEALTH INSURANCE:** We will ensure that the scholar and his/her family maintain sufficient health insurance as defined by University and federal guidelines for the entire duration of the scholar’s visit.
- **SCHOLAR’S CREDENTIALS:** We have determined that the international scholar’s program is consistent with his/her professional background and experience.
- **ENGLISH PROFICIENCY:** We have determined that the international scholar’s English proficiency is sufficient to participate in his/her exchange visitor program.
- **CHANGES IN PROGRAM:** We will notify VISA of any changes in the terms and conditions of this international scholar’s exchange program, including employment or payment not listed on the scholar’s DS-2019.
- **SCHOLAR ADVISING SUPPORT:** We will monitor the progress and welfare of the international scholar, including ensuring that he/she obtains sufficient advice and assistance to facilitate the successful completion of his/her exchange visitor program.

AUTHORIZATION OF DEPARTMENT HEAD (CHAIR, DIRECTOR, ETC.)

Name (Please print)

Date

Signature