

The purpose of the J-1 exchange visitor visa for professors, research scholars, student interns, and short-term scholars is to facilitate international collaborative teaching and/or research activities. Visitors are invited to the U.S. for a program with a specific objective and length of stay not to exceed five years. Scholars who have held a J status for a period of longer than six months are not eligible for a new J program until one year following the end of their original program, and potentially for two years if in the Professor/Research Scholar category. If you have questions about the eligibility for J-1 status, please contact Tim Kao at tkao1@udayton.edu prior to submitting this form.

To ensure that your visitor will be able to arrive on schedule, this form should be completed two months prior to the anticipated start date to allow adequate time for processing the DS-2019 forms and obtaining the visa abroad. If the visitor will be paid by UD, Human Resources and Affirmative Action will need to be consulted, and regular hiring procedures (e.g. PAF processing) will need to be completed in tandem with this request for visa documents.

PART I: INFORMATION NEEDED TO COMPLETE DS2019

Surname: _____ Given/First name: _____ Middle name: _____

Male Date of birth (mm/dd/yy): _____ City of birth: _____ Country of birth: _____
 Female

Country of Citizenship: _____ Country of legal permanent residence (if other than the country of citizenship): _____

Visitor's position in Home country: _____ Private Government

Will family members accompany the exchange visitor? **Yes** (If yes, complete the Dependent Information section of this form) **No**

Has the scholar participated in a J-1 or J-2 program in the last 24 months? **Yes** (If yes, provide dates and location of all previous J programs) **No**

Please identify appropriate Classification for your visitor (only one) **Professor/Research Scholar** (< 5 yr appointment, non-tenure track) **Short-term Scholar** (≤ 6 months to guest lecture/consult/collaborate) **Student** (Exchange student) **Student Intern** (Please complete Part XI J-1 Intern section of this form) **Specialist** (< 1yr, to observe/demonstrate/consult as expert in field)

Program dates (mm/dd/yy): Start: _____ End: _____

Description of primary activity of visitor: _____

PART II: COMPLETE ONLY IF VISITOR IS ALREADY IN USA

Current Visa Status: _____ Date of Entry: _____ *Attach copy of visitor's I-94 card, passport, and DS2019 form*

PART III: FUNDING SOURCES/SPONSORSHIP

*A minimum of \$15,000/year for your visitor, \$7,500/year for spouse, and \$5,000/year for each child must be documented. A letter or bank statement must be provided as evidence of sponsorship. **Please follow HR/AA procedures for any paid activity.***

UD salary Or stipend: _____ Is funding certain for the amount of time requested? Yes No

Other funding (In \$US): _____ Funding Source: _____ Private Governmental

PART IV: DEPARTMENT & VISITOR CONTACT INFORMATION

Primary UD host _____ Primary UD host _____
 Department: _____ contact person: _____
Please include the letter of invitation with this request form. It should reference anything that is being provided to the exchange visitor (i.e. stipend/salary, office space, housing/parking/email/ room/board) and purpose of visit.
 Who will be providing the letter of invitation: _____

Exchange Visitor mailing address:

Street: _____ Apt/House# _____ City: _____
 State/Territory: _____ Country: _____ Postal Code: _____

Exchange Visitor Contact information:

Home telephone: 011-____ - _____ Fax: 011-____ - _____
 Email address: _____

PART V: INFORMATION NEEDED TO ENSURE J-1 REGULATION COMPLIANCE

All J-1 exchange visitors and their dependents are required to have health insurance. In some cases, exchange visitors may be covered by UD health insurance. Please indicate how the exchange visitor will meet this requirement:

- Visitor will be responsible for health insurance costs
- UD host will enroll visitor in UD plan
- UD host department will cover insurance costs through foreign scholar's plan

PART VI: REQUIRED FOR SUBMISSION

Please submit the following documents, along with this request form, to Tim Kao, +0315:

- Original letter of invitation for visitor (includes program objectives, period of duration and funding source information, along with what will be provided in kind to exchange visitor)
- Copy of visitor's CV or Résumé
- Documentation of funding [Originals, from source(s) of sponsorship]
- Information on dependents accompanying exchange visitor
- Copy of current visa documents (if already in the USA)
- Copy of passport (biographical page)

PART VII: RESPONSIBILITIES

By signing this form, you agree to do the following:

1. Assist your exchange visitor in checking in with Tim Kao for orientation information within three days of arrival.
2. Encourage your visitor to participate in the academic and social activities of your unit as well as cross-cultural activities on the campus and in Dayton.
3. Notify Tim Kao when your exchange visitor:
 - a. Completes his/her program
 - b. Changes his/her program activity/purpose
 - c. Needs to terminate his/her program
 - d. Changes address while in the USA

PART VIII: INTERNATIONAL SCHOLAR HOUSE REQUEST

UD offers an International Scholar House residence to welcome key international faculty and scholars to campus. Scholars who are part of a planned international initiative or from a partner institution will be eligible for the house should the stay be at least one week to no longer than one academic year. The cost is \$350/month (which may be prorated). CIP will coordinate placements in the International Scholar House and will notify guest scholars and hosts upon approval of housing request.

Arrival date: _____ Departure date: _____

Responsible for payment: Exchange visitor UD Host (Account to be billed: _____)

Please confirm eligibility:

- Scholar represents part of a planned initiative or partner institution
- Scholar will be visiting UD for more than one week, but less than one academic year

Approval of Dean's Office Required:

Title: _____ Date: _____

Signature: _____

PART IX: PROGRAM APPROVAL & AUTHORIZED SIGNATURES

Please verify that the information contained in this form is correct and confirm your agreement with the responsibilities outlined in Part VII. Your signature verifies that this exchange visitor's program is to support international collaborations in research and/or teaching and that funding is guaranteed for the period of time requested.

UD Host Signature: _____ Date: _____

Host Department: _____

Approval of Dean's Office Required:

Title: _____ Date: _____

Signature: _____

PART X: DEPENDENT INFORMATION (IF APPLICABLE)

SURNAME: _____ FIRST NAME: _____ MIDDLE NAME: _____

DATE OF BIRTH (MM/DD/YY): _____ MALE FEMALE

RELATIONSHIP TO VISITOR: _____

CITY AND COUNTRY OF BIRTH: _____

COUNTRY OF CITIZENSHIP: _____

COUNTRY OF PERMANENT RESIDENCE: _____

SURNAME: _____ FIRST NAME: _____ MIDDLE NAME: _____

DATE OF BIRTH (MM/DD/YY): _____ MALE FEMALE

RELATIONSHIP TO VISITOR: _____

CITY AND COUNTRY OF BIRTH: _____

COUNTRY OF CITIZENSHIP: _____

COUNTRY OF PERMANENT RESIDENCE: _____

SURNAME: _____ FIRST NAME: _____ MIDDLE NAME: _____

DATE OF BIRTH (MM/DD/YY): _____ MALE FEMALE

RELATIONSHIP TO VISITOR: _____

CITY AND COUNTRY OF BIRTH: _____

COUNTRY OF CITIZENSHIP: _____

COUNTRY OF PERMANENT RESIDENCE: _____

PART XI: TO BE COMPLETED FOR J-1 STUDENT INTERN CATEGORY ONLY

All student interns must be paid by UD, a third-party entity such as home government, institution, or private organization, or be participating in an approved internship exchange agreement on file with UD. Most internships do not include enrollment in UD courses. If this placement requires enrollment, please consult with CIP. Additionally, internships require a written student evaluation prior to departure of the student. It is the responsibility of the host to provide a copy of this evaluation to Tim Kao in order to comply with J-1 regulations in this category.

If you are able to answer “yes” to all of the following questions, then the student qualifies for the J-1 Student Intern category sponsored by UD:

YES NO

 1. Is the prospective student intern currently an undergraduate student in good academic standing at a foreign university?

 2. Is the student coming to the US to pursue a structured, work-based internship program that fulfills educational objectives for his/her specific academic field?

 3. Will the internship provide non-clinical, experience-based learning?

Note: Patient care or contact (any work providing therapy medication or other clinical or medical care, child or elder care) is not permitted in this category.

 4. Will the internship be full-time (at least 32 hours/week)?

 5. Will the internship have no more than 20% of the time devoted to clerical tasks?

 6. Will the student return to his/her prior academic studies following the completion of the internship program and fulfill the degree requirements thereof?

 7. Does the student have verifiable English skills sufficient to function on a day-to-day basis in the internship environment?

 8. If the internship is unpaid, does the student have sufficient funds to cover living expenses (approx. \$1250/month of stay)?

 9. Will the student not be enrolled in classes?

 10. Will the intern not displace any temporary or permanent U.S. workers (part or full time)?

FINANCIAL INFORMATION FOR INTERNSHIP

A minimum of \$1250 per month to cover basic rent, food, transportation, health insurance and miscellaneous expenses must be documented.

Intern will be provided a salary/stipend from UD (Account #: _____ Amount: \$ _____)

Intern will be funded by private institution (Source: _____)

Intern will be funded by a government (Source: _____)

REQUIRED FOR J-1 STUDENT INTERN SUBMISSION

- **Verification letter from home institution.** Will verifying good academic standing and that the internship will fulfill an educational component in the degree program being pursued.
- **Documentation of funding from funding source.** Acceptable documents: affidavit of support, scholarship, or bank statement. Amount needed: **\$1250 per month (min).**
- **Proof of English proficiency.** Acceptable documents: official TOEFL or IELTS score report or letter from home institution testifying the intern’s English proficiency.
- **Proof of health insurance.** State Department mandates minimum coverage shall provide:
 - medical benefits of at least \$50,000 per accident or illness;
 - repatriation of remains in the amount of \$7,500;
 - expenses associated with medical evacuation of the exchange visitor to his or her home country in the amount of \$10,000; and
 - a deductible not to exceed \$500 per accident or illness.
- **DS-7002 filled out by UD Host.** State Department form (<http://www.state.gov/documents/organization/84240.pdf>)

- Copy of passport (biographical page)
- Letter of invitation from UD host

Please print and submit completed visa request and all required support documents to:

Tim Kao, ARO | Rike Center, Room 204 | Campus Mail Zip: +1701 | Fax: 229-2766 tkao1@udayton.edu