



# J-1 Exchange Visitor Application

## SCSU Host Department Information: (contact person must be faculty or staff at SCSU)

Department Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## Candidate Information:

Passport Surname(s): \_\_\_\_\_ Passport Given Name(s): \_\_\_\_\_  
Preferred Name(s): (optional) \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_  
Date of Birth (mm/dd/yyyy): \_\_\_\_\_ City of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_  
Country of Citizenship: \_\_\_\_\_ Country of Legal Permanent Residence: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Permanent Address in Home Country: \_\_\_\_\_

## Candidate Educational Background:

Home Country Position Description: \_\_\_\_\_

Has the candidate completed, at a minimum, an undergraduate degree: YES: \_\_\_\_\_ NO\*: \_\_\_\_\_

*\*If no, please STOP. The candidate is not eligible for a J-1 Exchange Visitor DS-2019. Please speak with the Center for International Studies.*

## SCSU Program Information:

Please select the category of exchange visitor request:

- \_\_\_\_\_ **Professor** – Primarily teaching, lecturing, observing; may conduct research.  
(Minimum 3 week stay in the U.S.; maximum five-year stay in the U.S.; after completion of a program are barred for 2 years from beginning a new J-1 Professor/Research Scholar program)
- \_\_\_\_\_ **Research Scholar** – Primarily conducting research, observing and may also teach or lecture.  
(Minimum 3 week stay in the U.S.; maximum five-year stay in the U.S.; after completion of a program are barred for 2 years from beginning a new J-1 Research Scholar/Professor program)
- \_\_\_\_\_ **Short-Term Scholar** – Person with similar education to professor/research scholar coming for short-term visit primarily for lecturing, observing, training, etc.  
(No minimum stay, but a maximum 6 month stay in the U.S., not possible to extend or change status)

Program Begin Date: (mm/dd/yyyy): \_\_\_\_\_ Program End Date: (mm/dd/yyyy): \_\_\_\_\_

Is the candidate's program likely to extend beyond 6 months: YES: \_\_\_\_\_ NO: \_\_\_\_\_

Please describe in one sentence, the primary objective for the candidate's visit to SCSU:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Subject Field Category: \_\_\_\_\_ Subject Field Code: \_\_\_\_\_

(Please use the tables found at: <http://nces.ed.gov/ipeds/cipcode/search.aspx?y=55>)

Will the candidate's conduct activities away from the SCSU campus? YES: \_\_\_\_\_ NO: \_\_\_\_\_

(If yes, please complete the Addendum to Site of Activity and Changes to Terms & Conditions of Initial Employment form)

**Immigration History:**

Is the candidate currently in the U.S.? YES: \_\_\_\_\_ NO: \_\_\_\_\_ (If yes, please check one of the following):

\_\_\_\_\_ **On a J-1 visa and a transfer to SCSU J-1 sponsorship is requested** – Please note that if the visitor has been approved by the Department of State for a waiver from the 2-year home residency requirement he or she is not eligible for a transfer. The Center for International Studies must follow SEVIS transfer procedure including contacting the J-1 Responsible Officer at the J-1's current school.

Current J-1 Program Sponsor's contact information:

Responsible Officer: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax: \_\_\_\_\_

Institution: \_\_\_\_\_ E-mail: \_\_\_\_\_

\_\_\_\_\_ **On a J-1 visa in the same category but will leave and re-enter on a new DS-2019 to begin a new program**  
*12-month ban:* Those who have been physically present in the U.S. in any category other than Short-Term Scholar for six months or more during the preceding 12 months, may not begin a new Research Scholar or Professor program for 12 months.  
*24 month ban:* Those who have completed a program in the Research Scholar or Professor category may not start a new Research Scholar or Professor program for 24 months.

\_\_\_\_\_ **On a J-1 visa in a different category than requested in this application** – This visitor must leave and re-enter the U.S. on the new DS-2019. Department and/or visitor should discuss the procedure with an advisor in the Center for International Studies.

\_\_\_\_\_ **On a different visa type** – The visitor and/or your department must discuss the situation with an advisor in the Center for International Studies before the DS-2019 can be issued.

Has the candidate previously been in the U.S. as a J-1/J-2 Exchange Visitor? YES: \_\_\_\_\_ NO: \_\_\_\_\_

Status Held: J-1: \_\_\_\_\_ J-2: \_\_\_\_\_ Category: \_\_\_\_\_ Duration of participation: From \_\_\_\_\_ to \_\_\_\_\_  
(month/day/year) (month/day/year)

Status Held: J-1: \_\_\_\_\_ J-2: \_\_\_\_\_ Category: \_\_\_\_\_ Duration of participation: From \_\_\_\_\_ to \_\_\_\_\_  
(month/day/year) (month/day/year)

Two-year home country requirement (*This applies to certain J-1 Exchange Visitors based on government funding or a "skills list" determined by their home country*)

Has the candidate applied for a waiver of the two-year home country requirement? YES: \_\_\_\_\_ NO: \_\_\_\_\_

If yes, has the candidate received an approval/denial notice from DOS or USCIS? YES: \_\_\_\_\_ NO: \_\_\_\_\_

**INFORMATION ABOUT DEPENDENTS**

Does the candidate have any dependents in the form of spouse and/or children under 21 years of age that will be accompanying the candidate to the United States? YES: \_\_\_\_\_ NO: \_\_\_\_\_

**Dependent Information:**

Passport Surname(s): \_\_\_\_\_ Passport Given Name(s): \_\_\_\_\_

Preferred Name(s): (*optional*) \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_ City of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Relationship: Spouse \_\_\_\_\_ Child \_\_\_\_\_

Passport Surname(s): \_\_\_\_\_ Passport Given Name(s): \_\_\_\_\_

Preferred Name(s): (*optional*) \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_ City of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Relationship: Spouse \_\_\_\_\_ Child \_\_\_\_\_

Passport Surname(s): \_\_\_\_\_ Passport Given Name(s): \_\_\_\_\_

Preferred Name(s): (*optional*) \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_ City of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Relationship: Spouse \_\_\_\_\_ Child \_\_\_\_\_

## FINANCIAL SUPPORT INFORMATION

Candidates are required to show proof of financial support for the duration of the J-1 program participation. Please attach an official copy of the departmental appointment/award letter (*the award letter should specify the length of sponsorship and the amount of money provided, living expenses, insurance, dependents and other personal items*) and indicate the estimated financial support (in US dollars). If the appointment/award will not cover all necessary expenses, the candidate may use private or self-sponsorship for the remainder.

The minimum financial support that is required:

- \$1,000 / month for J-1 Exchange Visitor
- \$500 / month for J-2 Dependent Spouse (*if applicable*)
- \$500 / month for each J-2 Dependent Child (*if applicable*)

All financial documents must be current at the time of application in order to be considered valid. Appropriate documents reflecting financial ability include, but are not limited to, the following:

- Bank statement, stamped or signed by a bank official
- Affidavit of support, submitted by sponsor & accompanied by financial verification
- Scholarship letter from sponsoring organization outlining dates and terms of scholarships
- Letter from employer stating earnings for period of requested stay
- Contract listing areas of support

What type of compensation will this candidate receive from your department (please select all):

<input type="checkbox"/> Wages	<input type="checkbox"/> Salary	<input type="checkbox"/> Guest Speaker Fee	<input type="checkbox"/> Honoraria	<input type="checkbox"/> Consulting Fee
<input type="checkbox"/> Airfare	<input type="checkbox"/> Room/Board	<input type="checkbox"/> Living Allowance	<input type="checkbox"/> Tuition/Fees	<input type="checkbox"/> Book Allowance
<input type="checkbox"/> Optional Equipment	<input type="checkbox"/> Ground Transportation	<input type="checkbox"/> Prizes/Awards	<input type="checkbox"/> Health Insurance	<input type="checkbox"/> Meals

SCSU FUNDING	Total
<input type="checkbox"/> Appointment* <i>Please indicate actual salary:</i> # of months: _____ % of appointment: _____	\$ _____
<input type="checkbox"/> Foundation Account*	\$ _____ Acct # _____
<input type="checkbox"/> SCSU Account* <i>(Requires submission of the Payment Request Form)</i>	\$ _____ Acct # _____
<b>SCSU Funding Total</b>	<b>\$ _____</b>

*\*Any SCSU funding must follow all Minnesota State policies. A copy of the contract must be submitted to the Center for International Studies along with this application. Please contact Business Services/Foundation for more information.*

OTHER FUNDS	Total
<input type="checkbox"/> U.S. government agency Name: _____	\$ _____
<input type="checkbox"/> International organization Name: _____	\$ _____
<input type="checkbox"/> Exchange Visitor's government	\$ _____
<input type="checkbox"/> The binational (Fulbright) commission of the visitor's home country	\$ _____
<input type="checkbox"/> All other universities or organizations providing support Name: _____	\$ _____
<input type="checkbox"/> Personal funds	\$ _____
<b>Other Funds Total</b>	<b>\$ _____</b>

## MEDICAL INSURANCE

According to the U.S. Department of State, St. Cloud State University must confirm that all J-1 Exchange Visitors and their dependents have medical insurance that covers them for sickness or accidents during the period of time that they participate in SCSU's exchange visitor program [22 CFR §62.14]. Minimum coverage must be:

• At least \$100,000 per person, per accident/per illness	• \$25,000 for repatriation of remains
• \$50,000 for medical evacuation	• A deductible not to exceed \$500 per accident/per illness

To ensure these requirements are met, all J-1 Exchange Visitors hosted by St. Cloud State University must enroll in the Minnesota State approved medical insurance policy.

St. Cloud State University has contracted with the Student Resources Division of UnitedHealthcare Insurance Company to offer a group health plan at reasonable rates. Estimated policy costs for the 2018-2019 academic year are as follows:

- J-1 Exchange visitor (no dependents): \$1,596 per year
- J-2 Exchange visitor (spouse): \$1,596 per year
- J-2 Exchange visitor (each child): \$1,596 per year

## ENGLISH LANGUAGE PROFICIENCY

The U.S. Department of State mandates that all J-1 exchange visitors including short-term scholars, research scholars, and professors have sufficient English proficiency [22 CFR §62.10(a)(2)].

As a J-1 program sponsor, St. Cloud State University must ensure that the candidate is eligible for program participation, and that:

- (1) The program is suitable to the exchange visitor's background, needs, and experience; and,
- (2) The exchange visitor possesses sufficient English proficiency as determined by an objective proficiency measurement to successfully participate in his or her program and to function successfully on a day-to-day basis.

**The English proficiency requirement can be satisfied by submitting documentation for one of the following (please select and attach to this application):**

- ☐ Documentation that the candidate is a Native English speaker
- ☐ Copy of diploma from U.S. institution or foreign institution where instruction occurred in English
- ☐ Copy of official scores from an SCSU recognized English language test taken within the last two years. Recognized test and minimum scores can be found at: <http://www.stcloudstate.edu/internationaladmissions/english-proficiency.aspx>
- ☐ J-1 English Proficiency Interview Assessment Report from an interview conducted in English. The interview may be conducted in person, via Skype or other videoconferencing method, or if videoconferencing is not available, telephone.

### **Interview Assessment Report:**

Name of Interviewer: \_\_\_\_\_

Date of Interview: \_\_\_\_\_

Interview Method:      ☐ In person      ☐ By videoconferencing      ☐ By telephone

Does the exchange visitor possess sufficient English proficiency to successfully participate in his or her program and to function successfully on a day-to-day basis:      ☐ YES      ☐ NO

### **Authorization:**

*My signature on this worksheet means the information provided is accurate and complete regarding this international scholar. By signing below, the Department Chair and College/School Dean are in full agreement regarding the invitation of this international scholar.*

\_\_\_\_\_  
(Signature of Host)

\_\_\_\_\_  
(Date Signed)

\_\_\_\_\_  
(Signature of Department Chair)

\_\_\_\_\_  
(Date Signed)

\_\_\_\_\_  
(Signature of College/School Dean)

\_\_\_\_\_  
(Date Signed)