

Step One (a): J-1 Exchange Visitor Application

St. Cloud State University understands that the primary purpose of the Exchange Visitor Program is to foster the exchange of ideas between Americans international educators. We also understand that the exchange of professors, research scholars and short-term scholars helps to promote mutual enrichment and connections between educational institutions in the United States and other countries. It does so by providing international professors, research scholars, and short-term scholars the opportunity to engage in research, teaching, lecturing and observing with their American colleagues, to participate actively in cross-cultural activities with Americans and ultimately to bring to their home country, their experiences and increased knowledge about the United States and their respective fields.

This form is to be completed by the sponsoring department. The appointment of the Exchange Visitor must be approved by the Department Chair, College/School Dean, and Provost/Vice President for Academic Affairs. To avoid delays in the J-1 Exchange Visitor application process, the application package must be completed and submitted in its entirety. The Center for International Studies requires a minimum of 2 weeks to evaluate and process a J-1 Exchange Visitor application.

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)

EXCHANGE VISITOR INFORMATION

Name _____ Male ____ Female ____
Last (family name) First Middle

Date of Birth _____ Place of Birth _____
month/day/year City Country

Country of Citizenship _____ Country of legal permanent residence _____

Position in country of permanent residence _____ (professor, researcher, etc.)

Phone number _____ E-mail _____

Department Address (not P.O. Box) _____

Permanent Address outside United States _____

IMMIGRATION HISTORY

Are you currently in the U.S. ? ☐ No ☐ Yes (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. You must supply us with the 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.

Previous J-1/J-2 Participation Information:

Have you previously been in the U.S. as a J-1/J-2 Exchange Visitor? ☐ No ☐ Yes

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*)

Have you ever applied for a waiver of the two-year home country requirement? ☐ No ☐ Yes

If yes, have you received an approval/denial notice from DOS or USCIS? ☐ No ☐ Yes

INFORMATION ABOUT DEPENDENTS

If any family members (spouse and/or children) will be accompanying the Exchange Visitor to the United States, they will require a J-2 Dependent Status and the Exchange Visitor must demonstrate ability to support them financially.

Will any dependents accompany you to the U.S.? ☐ No ☐ Yes (*If yes, please complete the Exchange Visitor Dependent Request Form*)

INFORMATION ABOUT THE APPOINTMENT/ACTIVITY

Department _____ University Title _____

Subject/Field _____

Duties/Objectives (*be specific*)

Beginning date ____/____/____ Ending date ____/____/____ Total time period of this request _____ months

Is appointment renewable? ☐ No ☐ Yes

Will the Exchange Visitor conduct activities away from St. Cloud State University campus? ☐ No ☐ Yes (*If yes, please complete the Addendum to Site of Activity and Changes to Terms & Conditions of Initial Employment form*)

FINANCIAL SUPPORT INFORMATION

Exchange Visitors 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 Exchange Visitor 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

SCSU FUNDING Please indicate the estimated financial support (in US Dollars):

	First Year	Second Year (if applicable)	Third Year (if applicable)	Total (Please fill out)
<input type="checkbox"/> Appointment* <i>Please indicate actual salary, not base.</i> # of months _____ % of appointment _____	\$	\$	\$	\$
<input type="checkbox"/> Foundation Account*	\$ Acct # _____	\$ Acct # _____	\$ Acct # _____	\$ Acct # _____
<input type="checkbox"/> SCSU Account*	\$ Acct # _____	\$ Acct # _____	\$ Acct # _____	\$ Acct # _____
SCSU Funding Total	\$	\$	\$	\$

OTHER FUNDS Please indicate the estimated financial support (in US Dollars):

	First Year	Second Year (if applicable)	Third Year (if applicable)	Total (Please fill out)
<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	\$	\$	\$	\$
Other Funds Total	\$	\$	\$	\$

*Any SCSU funding for the J-1 Exchange Visitor must follow all MnSCU 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.

MEDICAL INSURANCE

St. Cloud State University must confirm that all J-1 Exchange Visitors and their dependents have medical insurance that covers them for sickness and accidents during the period of participation in the program. According to the U.S. Department of State, the medical insurance must cover the following:

- At least \$50,000 per person, per accident/per illness
- \$7,500 for repatriation of remains
- \$10,000 for medical evacuation
- A deductible not to exceed \$500 per accident/per illness
- Must meet the requisite rating, as stated in the Department of State Exchange Visitor regulation 22.CFR 62.14(c)

To ensure these requirements are met, all J-1 Exchange Visitors hosted by St. Cloud State University must enroll in the MnSCU-approved health insurance policy. The current cost of health insurance for J-1 Exchange Visitors is approximately \$100 per month. The hosting academic department or the Exchange Visitor can pay this and it must be paid before their program start date.

ENGLISH LANGUAGE PROFICIENCY

St. Cloud State University must assess the English language ability of the prospective Exchange Visitor and determine this to be sufficient to permit program participation as required by the Department of State.

Does the participant have adequate English proficiency? ___ No ___ Yes

Means by which this assessment was conducted (i.e. phone conversation, writing sample, video conferencing)?

PROGRAM ACCEPTANCE

To complete the J-1 Exchange Visitor Application, please attach the following:

- ☐ Exchange Visitor Dependent Request Form (*if applicable*)
- ☐ Official Invitation
- ☐ Passport Copy for Exchange Visitor
- ☐ Passport Copy for Dependents (*if applicable*)
- ☐ Financial Support Documentation
- ☐ Addendum to Site of Activity and Changes to Terms & Conditions of Initial Employment (*if applicable*)

By signing below, the Department Chair, College/School Dean, and Provost/ Vice President for Academic Affairs are in full agreement regarding the invitation of this Exchange Visitor.

Department Chair

Date

College/School Dean

Date

Provost/Vice President for Academic Affairs

Date

Reviewed by the Center for International Studies:

RO/ARO

Date

CENTER FOR INTERNATIONAL STUDIES

ST. CLOUD STATE UNIVERSITY
101 Lawrence Hall, 720 Fourth Ave. South
St. Cloud, MN 56301, U.S.A.