

J-1 Visitor Exchange Program REQUEST TO SPONSOR A J-1 EXCHANGE VISITOR

This is a request to sponsor the foreign national below to participate in, or extend participation in a J-1 program at the UI. If found eligible for a J-1 program, the International Student, Scholar, and Faculty Services (ISSFS) advisor from International Programs will issue a J-1 Form DS-2019 to the named foreign national and a J-2 Form DS-2019 to qualifying dependents. The Form DS-2019 is generated through the Student and Exchange Visitor Information System (SEVIS) by a U.S. Department of Homeland Security designated Responsible Officer (who also the ISSFS Advisor).

Upon receipt of this request form, please allow at least three(3) business days for the Form DS-2019, as the request may require review and authorization by other UI offices. The completed packet may be picked up by a representative from the requesting department, forwarded via campus mail or sent directly to the J-1 Visitor by FedEx (see page 4).

The purpose of this form is to request that UI:

Sponsor a new J-1 visitor to come to UI from abroad (or to change status in the U.S.)

Extend a current program of J-1 visitor at the UI

Email Address:

If the scholar has received a letter from U.S. Department of State granting a waiver of the Home Residency Requirement [212(e)], no extension is possible.

Transfer a current J-1 visitor to a UI program from another institution's J-1 program.

The DS-2019 will be issued once the visitor has an address in Idaho and checks in with ISSFS.

Please select one: Research Scholar Professor

Short-term Scholar (maximum of 6 months) Specialist Student Intern

INFORMATION ABOUT THE 1-1 VISITOR

INFORMATION ABOUT THE J-1 VISITOR
Is the prospective visitor in the U.S.?*
If yes, on what type of visa? (e.g., J-1 student, J-1 scholar, F-1, B-1, etc.) . *If the prospective scholar is in the U.S., please provide all current and previous visa documentation
If the individual for whom the DS-2019 is being requested is currently in their home country, have they been in the U.S. as a J-1 Research Scholar or Visiting Professor within the last 24 months?
Please provide the individual's permanent address in their home country:
Street address:
City:
Province:
Postal Code:
Country:

VISA INFORMATION: (Information should be consistent with the prospective visitor's passport information.)

Last (Family) Name	First (Given) Name	Middle Name	Male/Female
Date of Birth (MM/DD/YYYY)	City of Birth	Countr	y of Birth
Country of Citizenship		Count	ry of Residency
Current Position and Employer/Ins	titution		
	companied by family memb dents Addendum on page		
U	I HOST DEPARTM	ENT INFORMATION	l:
Host Department:			
Scholar's UI Faculty Supe	rvisor:		
Scholar's UI Title (i.e. Pos	st Doc, Research Scientist,	Instructor):	
Name of Contact Person	in Department:		
Phone Number:			
Fax Number:			
*Periods of 6 months or	less will limit scholars to "S	_ to (End Date) Thort-Term" category withou wer time would be necessary	ut possibility of extension
Scholar must arrive in the	e U.S. within 30 days of the	e begin date (before or afte	er). DS-2019 becomes

Scholar must arrive in the U.S. within 30 days of the begin date (before or after). DS-2019 becomes invalid if scholar does not arrive within 30 days after the begin date and new documents must be issued in order for scholar to enter the U.S.

Briefly describe the research or professional activity to be conducted and what the department will do to promote cultural exchange (the spirit of the J-1 classification is to provide academic **and** cultural exchange):

FUNDING:

Minimum funding for a department to sponsor a J-1 scholar is \$1,100 per month. In addition, minimum funding for each J-2 dependent is \$500 per month. If UI is not providing sufficient funding, please attach evidence that the scholar will have sufficient funding on hand to make up the difference. Evidence may include a bank statement and/or an official award letter from an outside funding source. All currency should be converted to U.S. dollars.

Please identify all funding sources and the amounts provided during the requested program dates:

Source	Description	Amount
UI Host Department		
If UI funding, indicate type (i.e. hourly)		
U.S. Government Agency		
Scholar's home country government		
Scholar's home institution		
Scholar's personal funds		
Other – Specify:		
	TOTAL FUNDING:	

INSURANCE INFORMATION:

All J-1 and J-2 visitors must maintain medical insurance that meets specific U.S. Department of State requirements. The usual insurance package provided by UI for staff/faculty exceeds the minimum requirements, except for medical evacuation and repatriation (which may be purchased separately for a nominal amount.

Will the hosting department provide the 3	I-1 scholar with medical insurance?
Yes	No

REQUIRED DOCUMENTATION

For all requests except program extensions	For J-1 program extensions and transfers	
 Copy of visitor's and family members' passports Copy or original of invitation letter furnished to J-1 visitor C.V./Resume of J-1 visitor Supporting documents for proof of funding of 	 Proof that the J-1 visitor and dependents continue to possess adequate health insurance coverage. Copies of current and previous DS-2019's, passports, visa stamps and I-94's 	
all sources named	3) Supporting documents for proof of funding of all sources named.4) If transferring, a completed "J-1 Transfer-In Form"	
Please enclose all materials to comple	te the J-1 Sponsor Request	

SHIPMENT OF DOCUMENTS TO J-1 VISITOR

To send the DS-2019 and pre-arrival packet of information to the prospective J-1 visitor, there are three choices:

ISSFS contacts the requesting department to pick up the document, which the department sends ISSFS sends the documents to the requesting department by campus mail; department sends ISSFS sends the packet directly to the prospective scholar by FedEx. If you would like to select this option, please provide a budget number from the requesting department. If you would like to send any documents with the packet, please make sure we have them in advance

Departmental Budge	et Number:	
Complete Address to which ISSFS v	will send the packet by FedEx:	
Name:		_
Street address:		_
City:		-
		_
		_
Country:		_
Email:		-
Phone Number:		_
DEAN'S OFFICE A	ND DEPARTMENTAL APPROV	'AL
Typed or Printed Name of Chair	Signature of Chair	Date
Typed or Printed Name of Dean	Signature of Dean	Date

UI SPONSORING DEPARTMENT INFORMATION:

Financial requirements may be obtained from the Responsible Officer (RO). Information is updated once a year to accommodate cost of living increases and is used to determine the financial eligibility of the prospective scholar and his/her family.

The minimum departmental responsibilities are as follows:

The sponsoring department will be responsible for "an orientation that helps the scholar adapt to and work effectively in the academic unit and providing visiting scholar privileges," (i.e. use of research facilities, office or work space, auditing of classes, consultation with faculty members, and any other privileges that may be granted without charging or collection of fees.

Responsibilities of International Programs and the RO:

The Responsible Officer in IPO obtains V#'s for the J-1 Visitors to aid in obtaining a Vandal Card that entities the user to the use of some campus facilities, including the library. If the J-1 visitor contract does not include UI health care benefits, the RO will review requirements for health insurance coverage and/ or provide information on policies that meet US Dept. of State guidelines. The RO will also provide general orientation materials on the visa requirements governing the Exchange Visitor Program, U.S. tax compliance, university and community resources, health care, life and customs in the U.S. and cultural adjustment.

Dependent Addendum

Date of Birth (MM/DD/YYYY)

All information must be exactly as it appears in the foreign national's passport.

Spouse			
Last (Family) Name	First (Given) Name		Middle Name
Date Date of Birth (MM/DD/YYYY)	City of Birth		Country of Birth
	be under 21 years of age. If status or return to their ho		in the U.S., they must
Child 1 (Please use a sep	parate sheet of paper if mor	e than four children)	
Last (Family) Name	First (Given) Name	Middle Name	Male/Female
Date of Birth (MM/DD/YYYY)	City of Birth	Country of Birth	
Child 2			
Last (Family) Name	First (Given) Name	Middle Name	Male/Female
Date of Birth (MM/DD/YYYY)	City of Birth	Country of Birth	
Child 3			
Last (Family) Name	First (Given) Name	Middle Name	Male/Female
Date of Birth (MM/DD/YYYY)	City of Birth		Country of Birth
Child 4			
Last (Family) Name	First (Given) Name	Middle Name	Male/Female

City of Birth

Country of Birth