

SOUTHEASTERN LOUISIANA UNIVERSITY J-1 Exchange Visitor Instructions and Forms

General Instructions

Please read before completing form.

This form is to be used to notify the International Services Office (ISO) of the appointment of an international scholar who will need a J-1 Exchange Visitor immigration document (DS-2019) from Southeastern Louisiana University in order to enter the U.S., to extend their current J-1 status at Southeastern, to amend their current J-1 status at Southeastern, or to transfer from anther U.S. institution.

Please note: J-1 scholar status is limited to those who hold University temporary academic positions. It cannot be used for tenure track faculty positions, administrative positions, or support staff positions.

All J-1 exchange visitors at Southeastern are required to have at least a bachelor's degree in a related field and have demonstrated relevant experience in their field of expertise. Please refer to the request checklist below for more details.

Plans to invite a J-1 scholar should begin 3-4 months in advance of the start date of the appointment to allow time for document preparation, mailing the immigration documents, and visa processing. In some cases, scholars may experience significant delays in visa processing due to increased US government security requirements. If the scholar is in the US in a different status and wishes to change status within the US (if eligible), additional time beyond 3-4 months may be necessary.

IMPORTANT! The US Department of State (DOS) federally mandates all J-1 and J-2 status holders to carry adequate health insurance coverage. Each J-1 scholar must purchase insurance for him/herself and his/her J-2 dependents immediately upon arrival to the US. If he/she and/or dependants fail to maintain the mandatory health insurance coverage, they will be in violation of federal immigration regulations; will be subject to termination as a program participant; and must leave the US immediately.

Insurance coverage must meet the following:

- 1. Medical insurance must cover the entire period of participation in the Exchange Visitor program.
- 2. Medical benefits must provide a minimum of \$100,000 per accident or illness.
- 3. Medical evacuation must be covered in the amount of \$50,000 minimum (emergency medical transportation to the home country.
- 4. Repatriation must be covered in the amount of \$25,000 minimum (in the unfortunate event of death, repatriation is the transportation of remains back to the home country)
- 5. Deductible must not exceed \$500 per accident or illness.

Completion of the Form

Forms must be typed to ensure document accuracy.

- Please complete each area of the request form and return it to the ISO, along with a copy of the appointment/invitation letter. Incomplete packets will be returned to the sponsoring department. Faxed copies are not acceptable.
- Requests for transfer of J-1 sponsorship to Southeastern must be accompanied by copies of the scholar's current and initial immigration documents. Please note that transfer scholars must maintain the original program objective as listed on the original DS-2019. Requests to transfer J-1 scholars currently in the US must be submitted 4-6 weeks in advance of the start date of the appointment.

- The signature of the head of the host department is required. The ISO assumes that the information on the form is correct and that the appropriate signature has been obtained. The information on this form is transferred to a controlled US government document; any falsification of information may subject the university to sanctions and/or penalties. It is imperative that the funds and position noted on the form are available to the scholar as well as any accompanying departmental support offered during the invitation negotiations, such as work space, faculty collaboration, etc. A separate letter of offer should be sent to the scholar outlining in detail the conditions of appointment, including conditions of termination, compensation, benefits, etc. If the appointment is not salaried, it is important to outline the details of the invitation and indicate the source from which the funding is expected.
- The host department must ascertain the J-1 scholar's financial capability. Please verify all funding sources that are indicated on the form. Immigration regulations require Southeastern to verify the availability of sufficient funds before issuing an immigration document.
- The host department must advise the scholar of the above-mentioned DOS health insurance requirement for her/himself and any accompanying family members.
- Upon arrival at Southeastern, the scholar must report to the ISO for mandatory registration with his/her passport, I-94 record, and DS-2019. The ISO will confirm that all immigration documents are in order. The host department is responsible for assisting the scholar with arrival issues such as living accommodations, schooling for dependents, etc.

DS-2019 Request Checklist

	Department Request Form for J-1 Exchange Visitor
	J-1 Exchange Visitor Data Form
	Southeastern offer or invitation letter
	Proof of funding, if not funded by Southeastern
	Copy of passport
	Copy of resume/CV
	Copies of previous/current DS-2019s, if any
	If currently in the US, copy of I-94 entry record from www.cbp.gov/i94
	Copy of dependent's passport, if accompanying J-1 to the US
\neg	Letter of recommendation if the J-1 exchange visitor does not have at least a bachelor's degree in related field

Special Documentation for Scholars without a Bachelor's Degree

If the prospective J-1 Exchange Visitor is an undergraduate student in his or her home country, please include with the completed J-1 request, a letter of recommendation written on the student's behalf from a professor or advisor at the home institution, describing how the proposed research project will enhance the student's educational objectives and explaining why the research could not be conducted at the home university.



SOUTHEASTERN LOUISIANA UNIVERSITY Department Request Form for J-1 Exchange Visitor

This form is to be completed by the Southeastern department (*please type*) and must be signed by the Department Head. All questions must be answered as precisely as possible, as they relate directly to the US Department of State forms. Please submit the *Department Request Form*, the *J-1 Exchange Visitor Data Form*, and other supporting documentation as a complete package. Please make photocopy of completed forms for department files.

A: Request Information								
Please check one:								
☐ Initial DS-2019 – 1	the applicant is	overseas and will	be applying for a US visa ab	road				
☐ Initial DS-2019 – the applicant is in US in another immigration status and will apply for change of status								
☐ The applicant is currently in J-1 status at another US institution and will transfer to Southeastern								
Extension of current appointment without change								
Other		C						
O k -k -lf -f (+ C -k -l	9	41	4b . i 3i i J 12	4				
On behalf of (type Scholar				•				
(Family/Last)	/	(Give	// n/First)	(Middle)	<u> </u>			
Dates of J-1 appointment (maximum for Short Term Sc From: Month:	holars – no ex	ctensions possibl	e; and 1-year maximum for	r Specialists):				
B: Department Information	on							
Person preparing this requ	ıest:							
Phone:	Fax: _		Email:					
Host Department:								
Southeastern faculty/staff	member to wh	om the employee	will report:					
Phone:		Email:						
C: Position Information								
Please complete <u>ALL</u> in	formation.							
Southeastern title of position	on to be held (visiting scholar, p	ostdoctoral researcher, etc):					

Please Note: Prospective Exchange Visitors who wish to come to the US in the "Research Scholar" or "Professor" category will be subject to a 12-month "bar" to participation in those categories if they were present in the US in any J status (including J-2 dependent) for all or part of the twelve-month period immediately preceding the date of the new program's commencement. The three exceptions to this bar are: 1) those transferring to another exchange visitor program; 2) those who have been present in the US as "short-term scholars;" and 3) those whose presence in the US have been less than 6 months in duration.

Requested Exchange Visitor category:						
Professor (3-week minimum, 5-year maximum) – teaching, observing, lecturing, consulting, or conducting research						
Research Scholar (3-week minimum, 5-year maximum) – conducting research, observing, or consulting						
Short-term Scholar (no minimum, 6-month maximum, no extensions) – lecturing, conducting research, observing, or consulting						
Specialist (3-week minimum, 1-year knowledge or skills	maximum) – observing, consulting, or de	monstrating his/her highly specialized				
Indicate appointee's primary activity:						
☐ Teaching/Lecturing ☐ Research [Consult Observe Demonstrate	e Special Skills				
Field and specialization in which appointee	will work (e.g. History – Ancient Histo	ry):				
J-1's Site of Activity:						
	Requests cannot be processed without this i	nformation				
D: Financial Support from All Sources (w	hile in the US)					
Please verify all funding sources, which must have of sufficient funds before an immigration documendated to support a single visiting scholar at S and an additional \$4000/year for each accompany.	nent can be issued. The ISO estimates a moutheastern; an additional \$6000/year is re	ninimum of \$21,000 (\$1,750/month) is equired for an accompanying spouse				
Type of Institution/Funding	Full Name of Institution	Amount of Funding for period of appointment				
Southeastern Louisiana University	*****	US \$				
US Government Agency		US \$				
Exchange Visitor's Government		US \$				
Other organization		US \$				
Exchange Visitor's Personal Funds	*****	US \$				
Terms of Appointment/Departmental Res	ponsibilities					
Please read and check each box:						
The host department understands that the J-1 It may not be used for tenure-track or tenured						
The host department has verified all sources of the Exchange Visitor's file.	of financial support for the Exchange Visit	or and has included documentation in				
☐ The host department has verified that the Exc proficiency to be appointed to and benefit from		edentials, including English language				
☐ The host department has informed the Exchar her/himself and any accompanying J-2 family	-	ements for health insurance for				
The host department understands that a J-1 will sponsor prior to beginning employment at So the original DS-2019.						
The Exchange Visitor must be in the correct semployment and receive any remuneration.	status and on Southeastern's sponsorship b	efore she/he can commence				
☐ The International Services Office must be protected terminations, departures and possible future range An Exchange Visitor may NOT change depart	eturns to the US of Exchange Visitors to a	void restrictions of the two-year bar.				

An individual who participates in the J Exchange Visitor Program as a Professor or Research Scholar becomes subject to a Two-Year Bar on "repeat participation" in those particular categories after completing his or her program even if the program lasts less than five years. DOS has taken the position that the Two-year Bar will also apply to J-2 dependents of J-1 Professors or Research Scholars if the J-2 subsequently wishes to return as a J-1 Professor or Research Scholar. <i>The two-year bar is different from the two-year home residency requirement.</i>
The host department may review information about the J-1 Exchange Visitor Program at:
http://travel.state.gov/visa/temp/types/types_1267.html
I AGREE TO THE ABOVE TERMS AND CONDITIONS:
Department Head Name: Title:
Signature: Date:



SOUTHEASTERN LOUISIANA UNIVERSITY Department Request Form for J-1 Exchange Visitor

Directions: This form is to be completed by the J-1 Exchange Visitor and returned to **the host department** for submission with a complete J-1 Exchange Visitor request. J-1 visitors should not send this form directly to the ISO. Supporting immigration documents must also be submitted to your host department. **PLEASE TYPE OR PRINT LEGIBLY.**

Name:	/		/		
(Family/Last)		(Given/First))	(Middle)	
Date of Birth: Month:	Day:	Year:	Gender:	Male Fen	nale
Marital Status: Single Marrie	ed Ci	ty of Birth:			
Country of Birth:		Country	of Citizenship:		
Country of Permanent Residence:					
Phone Number:		Email: _			
Highest Level of Education attained (e	e.g., BS, MI	O, and PhD):			
Occupation in Home Country:		Home	e Institution:		
Current Address:					
Street Address:					
City:		S	tate/Province:		
Country:		P	ostal Code:		
Are you currently in the US? Yes	☐ No If	f yes, please list yo	ur immigration status:		
Please attach copies of your current imm	nigration doc	cuments (I-20, DS-2	019, passport informatio	n page, visa stamp p	page, I-94, etc)
Have you previously been in the US as	a J-1/J-2 F	Exchange Visitor?	☐ Yes ☐ No		
If Yes , please complete the following: Previous J-1 or J-2 Progra					
From: Month:	Day:	Year:	To: <i>Month:</i>	Day:	Year:
Previous 🔲 J-1 or 🔲 J-2 Progra	ım 2:				
From: Month:	Day:	Year:	To: <i>Month:</i>	Day:	Year:
Previous 🔲 J-1 or 🔲 J-2 Progra	ım 3:				
From: Month:	Day:	Year:	To: <i>Month:</i>	Day:	Year:
Please attach a c	copy of I-94	t card, visa stamp,	and ALL previous DS	-2019 forms.	
Have you ever applied for a waiver of	the two-yea	ar home residency	requirement?	Yes :	No
If ves, have you received any notificati	on from De	OS or USCIS rega	ording this request?	□ Yes □	No

If family members will accompany you, please complete the following section. A J-2 dependent is a spouse or an unmarried child under 21 years of age.

Dependent 1				
Name:/				
(Family/Last)			n/First)	(Middle)
Date of Birth: Month:	Day:	Year:	Relationship (Sp	ouse, son, daughter, etc):
City of Birth:		Coi	untry of Birth:	
Country of Citizenship:	Country of Permanent Residence:			
Dependent 2				
Name:			/	
(Family/Last)		(Given/First)		(Middle)
Date of Birth: Month:	Day:	Year:	Relationship (Sp	ouse, son, daughter, etc):
City of Birth:		Co	untry of Birth:	
Country of Citizenship:	C	ountry of Permanent	Residence:	
Dependent 3				
Name:	/			
(Family/Last)		(Give	n/First)	(Middle)
Date of Birth: Month:	Day:	Year:	Relationship (Sp	ouse, son, daughter, etc):
City of Birth:		Country of Birth:		
Country of Citizenship:		Country of Permanent Residence:		
Please review information about the J-	1 Exchange Vi	isitor Program a	nt: https://j1visa.state.g	gov/

r lease review information about the 3-1 Exchange visitor r rogram at: https://jivisa.state.gov/

Please remember to visit the ISO promptly upon your arrival to Southeastern. You will need to bring with you your DS-2019, your passport, and your I-94 record. Should your arrival be delayed for any reason, please inform the ISO and your department so that your program start date may be deferred. <u>Failure to do so within 20 days of your program start date will jeopardize your legal immigration status.</u>

Please read and sign the following statements:

- I have read, and understand the J-1 Exchange Visitor (DS-2019) Instructions.
- I understand that my J-1 activity is restricted to the one listed on Form DS-2019.
- TWO-YEAR BAR: An individual who participates in the J Exchange Visitor Program as a Professor or Research Scholar becomes subject to a Two-year Bar on "repeat participation" in those particular categories after completing his or her program even if the program lasts less than five years. DOS has taken the position that the Two-Year Bar will also apply to J-2 dependents of J-1 Professors or Research Scholars if the J-2 subsequently wishes to return as a J-1 Professor or Research Scholar.
- INSURANCE STATEMENT: I understand that, per the requirements from the US Department of State (DOS), during my period of appointment at Southeastern Louisiana University as a J-1 Exchange Visitor, I must comply with the DOS regulations which require that I purchase adequate health insurance for myself and accompanying J-2 dependents (spouse and children), if applicable, throughout the duration of my/our visit in the US. I understand that failure to comply with this requirement will result in termination from the Exchange Visitor Program at Southeastern Louisiana University.

Signature:	Date: