

J-1 EXCHANGE VISITOR APPLICATION PACKET



UNIVERSITY
OF
LOUISIANA
L a f a y e t t e™

Office of International Affairs
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**REQUEST FOR A DS-2019 FORM
CERTIFICATE OF ELIGIBILITY FOR EXCHANGE VISITOR STATUS (J-1)**

The purpose of this form is to bring an individual (and _____ dependents) to the University from:

_____ A foreign country _____ Another U.S. School or employer

1. Name: _____

(last or family name)
(first name)
(middle name)
2. Gender: _____ 3. Date of Birth: _____ // _____ // _____

Male
Female
Month
Day
Year
4. City and country of birth: _____
5. Country of citizenship: _____
6. Country of legal permanent residence: _____
7. Present or former position in country of permanent residence: _____

8. Proposed dates of stay: From: _____ // _____ // _____ To: _____ // _____ // _____

(Mo.)
(Day)
(Yr.)
(Mo.)
(Day)
(Yr.)
9. Host department and phone number: _____
10. Title of proposed position: _____
11. Brief description of responsibilities: _____

12. Source and amount of funding:
 _____ a. University of Louisiana at Lafayette \$ _____
 _____ b. Other (please specify) \$ _____
13. If applicable, please list all locations and dates of previous times in J-1 exchange visitor status:

14. Will the exchange visitor be accompanied by spouse or children? _____ Yes _____ No
 If yes, give names, dates of birth, and places of birth on attached page.

DEPENDENT INFORMATION

1. Name: _____
(Family Name) (First Name) (Middle Name)
2. _____ Male _____ Female Date of Birth: _____ // _____ // _____
Month Day Year
3. Place of Birth: City: _____ Country: _____
4. Citizen of: _____ Legal Permanent Resident of: _____
5. Relationship to Visitor: _____

DEPENDENT INFORMATION

1. Name: _____
(Family Name) (First Name) (Middle Name)
2. _____ Male _____ Female Date of Birth: _____ // _____ // _____
Month Day Year
3. Place of Birth: City: _____ Country: _____
4. Citizen of: _____ Legal Permanent Resident of: _____
5. Relationship to Visitor: _____

DEPENDENT INFORMATION

1. Name: _____
(Family Name) (First Name) (Middle Name)
2. _____ Male _____ Female Date of Birth: _____ // _____ // _____
Month Day Year
3. Place of Birth: City: _____ Country: _____
4. Citizen of: _____ Legal Permanent Resident of: _____
5. Relationship to Visitor: _____

DEPENDENT INFORMATION

1. Name: _____
(Family Name) (First Name) (Middle Name)
2. _____ Male _____ Female Date of Birth: _____ // _____ // _____
Month Day Year
3. Place of Birth: City: _____ Country: _____
4. Citizen of: _____ Legal Permanent Resident of: _____
5. Relationship to Visitor: _____

Exchange Visitor Mailing Address

Address: _____

E-mail: _____
Telephone (work): _____ Telephone (home): _____

If the individual is currently in the U.S., please complete the item below and comply with the request which follows. If the individual is not in the U.S., please skip this section.

Current immigration status (e.g., J-1, F-1, H-1B):

Please forward (or ask the prospective exchange visitor to forward) the following documents to the OIA:

- Copies of all immigration documents [IAP-66(s), DS-2019(s), SEVIS I-20(s), or I-797(s)]
- A copy of the current I-94 Immigration form
- A copy of the passport

Mail Request

_____ Send the DS-2019 to the prospective scholar via courier and bill the special charges to my office.

Information on UL Lafayette faculty or staff requesting J-1 processing:

Name and Title: _____ Date: _____
Department: _____
Phone: _____ E-mail: _____

Instructions:

When completed, please forward this form to the Director of OIA. The following additional documents should be sent to OIA with this form:

- A copy of the standard UL Lafayette employment offer letter (or, if no employment is involved, the UL Lafayette letter of invitation).
- A copy of the document(s) verifying the source and amount of any funding which is in lieu of or in addition to UL Lafayette funding.
- A copy of the prospective scholar's resume or vita, if available.

APPROVAL FOR THE EMPLOYMENT/VISIT OF AN EXCHANGE VISITOR (J-1 STATUS)

Instructions: Complete this form, obtain necessary signatures, and return to the OIA, UL Lafayette.

Name of Prospective Exchange Visitor: _____

Title of Position: _____ Department: _____

We certify that:

1. We agree to accept responsibility for this participant for the entire period of stay as requested on the form DS-2019. We hereby certify that there is sufficient funding to support this individual for the entire period stated on the J-1 visa application request form,
2. Should problems occur with the exchange visitor regarding employment, studies, etc., I(we) agree to follow the appropriate standard university procedures in remedying said problems. These procedures must be followed even when UL Lafayette does not provide financial support to the exchange visitor,
3. The prospective exchange visitor is proficient in English,
4. We agree to notify OIA immediately of any changes within the department, which affects the status of an exchange visitor (i.e. loss of funding or significant change in duties),
5. We agree to notify the OIA immediately if the exchange visitor ceases to participate in the exchange visitor Program prior to the end of his/her program date,
6. We agree to notify the OIA at least 45 days in advance of the program completion date to request an extension of the exchange visitor's stay.

Faculty/Staff Sponsor: _____ Date: _____

Signature: _____

Approval is granted to employ or invite the prospective exchange visitor.

Department Chair Date: _____

Dean Date: _____

Vice President (Academic Affairs/Research) Date: _____

President Date: _____

This form must be returned to the Office of International Affairs before a DS-2019 form will be prepared.

TO: PROSPECTIVE EXCHANGE VISITORS

FROM: UNIVERSITY OF LOUISIANA AT LAFAYETTE

The current regulations governing the J-1 Exchange Visitor Program requires you and any dependents who accompany you to have medical insurance coverage. You are required by the United States Department of State to have at least:

1. \$50,000.00 per person per accident or illness,
2. repatriation of remains in the amount of \$7,500.00,
3. expenses associated with medical evacuation in the amount of \$10,000.00.

You will find enclosed a Certification of Medical Insurance form. This form **MUST** be completed by your insurance agent, signed by the prospective exchange visitor, and submitted to the Office of International Affairs, P.O. Box 43932, Lafayette, LA 70504.

If you do not have this coverage, you can and must secure this medical coverage immediately on your arrival through our Office of International Affairs.

Certification of Medical Insurance Coverage
J-1 Exchange Program

Date: _____

Rose Honegger
Director
Office of International Affairs
University of Louisiana at Lafayette
P.O. Box 43932
Lafayette, LA 70504

Name: _____
(Family) (First) (Middle)

I certify that the above-named individual and _____ dependents have medical benefits of at least \$50,000.00 per accident or illness, repatriation of remains in the amount of \$7,500.00, expenses associated with the medical evacuation of the exchange visitor to his or her home country in the amount of \$10,000.00, and a deductible not to exceed \$500.00 per accident or illness.

Name of Insurance Company

Signature of Agent Representing Insurance Company

Date

I have enrolled in the above insurance program. I will continue to maintain this coverage and will notify your office of any changes and provide appropriate documentation of any changes. I will provide documentation of continuation of the required coverage upon request for extension of J-1 status.

Signature of Exchange Visitor

Date

INFORMATION REGARDING TERMINATION FROM PROGRAM PARTICIPATION

Please be advised that UL Lafayette as your Exchange Visitor Program Sponsor is required by Federal Regulations to enforce certain rules which are designed to:

- 1) protect you and your family members (example – Health insurance requirements),
- 2) ensure that you obtain sufficient information and assistance to facilitate the successful completion of your program; for example, information and assistance regarding documentation for family members, maintaining status, extending stay, transferring program, traveling abroad and reentering, securing employment and departing and returning home;
- 3) maintain the integrity of the program and monitor your participation in the program to ensure that you are making reasonable progress, and keeping the UL Lafayette Office of International Affairs apprised of your address and telephone number. FEDERAL REGULATIONS PROVIDE THAT A SPONSOR **SHALL** TERMINATE AN EXCHANGE VISITOR'S PARTICIPATION IN ITS PROGRAM WHEN THE EXCHANGE VISITOR:
 - a) fails to pursue the activities for which he or she was admitted to the United States;
 - b) is unable to continue unless otherwise exempted pursuant to these regulations;
 - c) violates the Exchange Visitor Program regulations and/or the sponsor's opinion, termination is warranted;
 - d) willfully fails to maintain the insurance coverage required; or
 - e) engages in unauthorized employment.

Our goal is to facilitate your successful completion of the Program, and our obligations under applicable regulations require us to ensure your compliance with its terms. Faculty sponsors and exchange visitors are encouraged to notify the UL Lafayette Office of International Affairs regarding any situation or condition which could indicate the potential need for termination from program participation.

Receipt of a copy of this document is acknowledged.

Signature of Exchange Visitor

Date

Signature of Faculty Sponsor

Date

Please return this form to the Office of International Affairs with the Certification of Medical Insurance prior to the issuance of Form DS-2019.



REQUEST FOR THE EXTENSION OF AN EXCHANGE VISITOR (J-1 STATUS)

Instructions: Complete this form, obtain necessary signatures and return to the Office of International Affairs.

Name of Exchange Visitor: _____

Title of Position: _____ Department: _____

Extensions may be granted (1) if necessary to complete the specified research or teaching objective as stated on the original form DS-2019, and (2) if the exchange visitor is eligible for an extension. Please consult the J-1 Overview for limitations on the length of time an exchange visitor may remain in the Exchange Visitor Program.

Proposed dates of extension: From: ___//___//___ To: ___//___//___ (Mo.) (Day) (Yr.) (Mo.) (Day) (Yr.)

Source and amount of funding:

___ a. University of Louisiana at Lafayette \$ _____

___ b. Other (Please specify) _____ \$ _____

___ We certify that the requested extension is necessary in order to complete the objectives of the exchange visitor's stay at the University of Louisiana at Lafayette.

Faculty/Staff Sponsor: _____ Date: _____

Signature: _____ Phone: _____

E-mail: _____

Approval is granted to extend the stay of the above named exchange visitor.

_____ Date: _____ Department Chair's Signature

_____ Date: _____ Dean's Signature

_____ Date: _____ Vice President (Academic Affairs/Research)

_____ Date: _____ President's Signature

For OIA use only: Pursuant to 22CFR 62 Exchange Visitor ___ is eligible ___ is not eligible for an extension Length of time remaining ___ Subject to 212e ___ 212e waiver granted ___

Checklist for J-1 Exchange Visitor Application

The following documents will need to be read and/or filled out:

- ❖ Request for a DS-2019 form – Certificate of Eligibility for Exchange Visitor Status (J-1)
- ❖ Dependent Information (if applicable)
- ❖ Exchange Visitor Mailing Address and Information on UL Lafayette Faculty or Staff Requesting J-1 Processing
- ❖ Approval for the Employment of an Exchange Visitor (J-1) status
- ❖ Certification of Medical Insurance Coverage
- ❖ Information Regarding Termination from Program Participation