



J-1 EXCHANGE VISITOR APPLICATION PACKET

International Student Programs and Services
700 University Avenue
Monroe, LA 71209-1110

Phone: (318) 342-5225

Fax: (318) 342-6766

E-mail: international@ulm.edu Web: <http://ulm.edu/international>



**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: _____ (Male) _____ (Female)
3. Date of Birth: _____//_____/_____
(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: _____//_____/_____
(Mo.) (Day) (Yr.) To: _____//_____/_____
(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 Monroe \$ _____
_____ 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)
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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

Permanent Address: _____

U. S. Address: _____

Telephone: (Home) _____ (Work) _____ (Cell) _____

Email Address: _____

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 Office of International Student Programs and Services:

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

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

Name and Title: _____ Date: _____

Department: _____

Phone: _____ E-mail: _____

Instructions:

When completed, please forward this form to the Office of International Student Programs and Services. The following additional documents should be sent to the Office of International Student Programs and Services with this form:

- a. A copy of the standard UL Monroe employment offer letter (or, if no employment is involved, the UL Monroe letter of invitation).
- b. A copy of the document(s) verifying the source and amount of any funding which is in lieu of or in addition to UL Monroe funding.
- c. 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 Office of International Student Programs and Services, UL Monroe.

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 Monroe does not provide financial support to the exchange visitor,
3. The prospective exchange visitor is proficient in English,
4. We agree to notify Sami R. Owens immediately of any changes within the department, which effects the status of an exchange visitor (i.e. loss of funding or significant change in duties),
5. We agree to notify Ms. Owens 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 Ms. Owens 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 Head/Chair's Signature Date: _____

Dean's Signature Date: _____

Vice President for Academic Affairs' Signature Date: _____



This form must be returned to the office of International Student Programs and Services before a DS-2019 form will be prepared.

TO: PROSPECTIVE EXCHANGE VISITORS

FROM: UNIVERSITY OF LOUISIANA AT MONROE

The current regulations governing the J-1 Exchange Visitor Program require 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 Student Programs and Services, 700 University Avenue, Monroe, LA 71209.

If you do not have this coverage, you can and must secure this medical coverage described above immediately after your arrival on campus through the Office of Student Services.



Certification of Medical Insurance Coverage
J-1 Exchange Program

Date: _____

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 Monroe 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 Monroe office of International Student Programs and Services 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 Monroe office of International Programs and Services 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 Student Programs and Services 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 Student Programs and Services, UL Monroe.

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 Monroe \$ _____

_____ 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 Monroe.

Faculty/Staff Sponsor: _____ Date: _____

Signature: _____ Phone: _____

E-mail: _____

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

_____ Date: _____
Department Head/Chair's Signature

_____ Date: _____
Dean's Signature

_____ Date: _____
Vice President for Academic Affairs' Signature

For International Student Programs and Services Office 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 Monroe 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