



J-1 EXCHANGE VISITOR APPLICATION PACKET



International Student Programs and Services
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INTERNATIONAL STUDENT SERVICES

Checklist for J-1 Exchange Visitor Application

The following documents will need to be reviewed and/or submitted:

- Request for a DS-2019 Form – Certificate of Eligibility for Exchange Visitor Status (J-1)
- Dependent Information Form (if applicable)
- Exchange Visitor Information and ULM Faculty/Staff Request Form
- Approval for the Employment of an Exchange Visitor (J-1 Status) Form
- Certification of Medical Insurance Coverage
- Information Regarding Termination from Program Participation
- Passport for all visitors (dependents included)
- If currently in the United States,
 - Copies of all immigration documents (DS-2019, I-20, I-797, etc)
 - Copy of the current I-94
- ULM employment offer letter or letter of invitation on ULM departmental letterhead
- Resume or Curriculum Vitae
- Evidence of Financial Support
 - Funding from ULM if application
 - Personal financing if not ULM sponsored

Category	Living Expenses (12 months)
Researcher	\$9,000
Spouse	\$5,000
Each Child	\$3,000



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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: ☐ Female ☐ Male
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. Visitor category: ☐ Intern ☐ Professor and Research Scholar ☐ Short-term Scholar (less than 6 months, not eligible for extension)
11. Brief description of responsibilities: _____

12. Source and amount of funding:
_____ a. University of Louisiana at Monroe \$ _____
_____ b. Other (please specify) \$ _____
Other funding source _____
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, provide names, dates of birth, and places of birth on attached page.



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DEPENDENT INFORMATION

DEPENDENT (#1)

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

DEPENDENT (#2)

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

DEPENDENT (#3)

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

If you need extra space to provide additional information within this application, you may attach a separate sheet of paper.



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Exchange Visitor Information and ULM Faculty/Staff Request Form

Exchange Visitor Mailing Address

Permanent Address (where you live and receive mail):

Address: _____

City: _____

Country: _____

Province/Territory: _____ Postal Code: _____

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 if applicable (e.g., J-1, F-1, H-1B):

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

Name and Title: _____ Date: _____

Department: _____

Phone: _____ E-mail: _____



INTERNATIONAL STUDENT SERVICES

APPROVAL FOR THE EMPLOYMENT/VISIT OF AN EXCHANGE VISITOR (J-1 STATUS) To Be Completed by Department Representative Requesting Visitor

Instructions: Complete this form, obtain necessary signatures, and return to the office of International Student Services and Programs Office.

Name of Prospective Exchange Visitor: _____

Title of Position: _____ Department: _____

1. I agree to accept responsibility for this participant for the entire period of stay as requested on the form DS-2019. I 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 agree to follow the appropriate standard university procedures in remedying said problems. These procedures must be followed even when ULM does not provide financial support to the exchange visitor,
3. The prospective exchange visitor is proficient in English,
4. I agree to notify the International Office 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. I agree to notify the International Office immediately if the exchange visitor ceases to participate in the exchange visitor Program prior to the end of his/her program date,
6. I agree to notify International Office at least 45 days in advance of the program completion date to request an extension of the exchange visitor's stay.

Faculty/Staff (Print): _____ Signature: _____

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

Department Head/Chair's Signature

Date: _____

Dean's Signature

Date: _____

International Student Services Signature

Date: _____

Vice President for Academic Affairs' Signature

Date: _____



INTERNATIONAL STUDENT SERVICES

MANDATORY HEALTH INSURANCE NOTIFICATION

TO: PROSPECTIVE EXCHANGE VISITORS

FROM: UNIVERSITY OF LOUISIANA AT MONROE

Sponsors must require that all exchange visitors (as well as their accompanying spouses and dependents) have insurance in effect that covers them for sickness or accidents during the time of their exchange visitor program. The recent rule increases the minimum coverage to meet today's medical insurance needs. **As of May 15, 2015**, minimum coverage must provide medical benefits of at least \$100,000 per accident or illness; repatriation of remains in the amount of \$25,000; expenses associated with medical evacuation to the exchange visitor's home country in the amount of \$50,000; and deductibles cannot exceed \$500 per accident or illness (Section 62.14(a)). Inadequate insurance coverage may be catastrophic for an individual exchange visitor. Thus, the Department increased the requirements. Program participants and their dependents are required to have medical insurance coverage with the following minimum benefits **[22 CFR 62.14]**.

- Medical benefits of **at least** \$100,000 per accident or illness
- Repatriation of remains in the amount of \$25,000
- Expenses associated with the medical evacuation of the exchange visitor to his or her home country in the amount of \$50,000
- A deductible not to exceed \$500 per accident or illness.

Sponsors are to require that their participants (and any dependents entering the United States as holders of a J-2 visa) have insurance in effect during the period of time they are in the sponsor's program. An insurance policy secured to meet the benefits requirements must be underwritten by an insurance corporation with an A.M. Best rating of "A-" or above, an Insurance Solvency International, Ltd. (ISI) rating of "A-I" or above, a Standard and Poor's Claims Paying Ability rating of "A-" or above, or a Weiss Research, Inc. rating of B+ or above. Alternatively, the sponsor may ascertain that the participant's policy is backed by the full faith and credit of the government of the exchange visitor's home country. For other options, see **[22 CFR 62.14]**.

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.



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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 \$100,000.00 per accident or illness, repatriation of remains in the amount of \$25,000.00, expenses associated with the medical evacuation of the exchange visitor to his or her home country in the amount of \$50,000.00, 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



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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 ULM 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:

- Fails to pursue the activities for which he or she was admitted to the United States;
- Is unable to continue unless otherwise exempted pursuant to these regulations;
- Violates the Exchange Visitor Program regulations and/or the sponsor's opinion, termination is warranted;
- Willfully fails to maintain the insurance coverage required; or
- 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 ULM 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.