



OTIS CENTER FOR INTERNATIONAL EDUCATION

REQUEST FOR DS-2019/J-1 VISITING SCHOLAR SPONSORSHIP

This form is to be **completed by the Department** requesting Exchange Visitor J-1 sponsorship for an international professor, research scholar, short-term scholar or specialist, at least three months prior to the start of the prospective Visiting Scholar's proposed program.

Requested Dates of J-1 Status: To Begin: To Be Completed:

A. THIS IS A REQUEST FOR: New J-1 Visa ☐ Extension ☐

B. DEPARTMENT INFORMATION

1. Host Department:
2. Applicant/Employee's Supervisor: Phone:
3. Department Mailing Address:
4. Department Administrative Contact: Phone:

C. APPLICANT/EMPLOYEE INFORMATION (**Exactly As In Valid Passport)

1. Family Name: 2. First Name:
3. Middle Name: 4. Male: ☐ Female: ☐ 5. Born (m/d/y):
6. City of Birth: 7. Country of Birth:
8. Country of Citizenship: 9. Country of Permanent Residence:
10. Highest degree obtained: 11. In what field?
12. Current Occupation in home country:
(if an undergraduate or graduate student, indicate)
13. Current employer in home country (if applicable):
14. Single: ☐ Married: ☐ 15. If married, will spouse accompany J-1 with J-2 sponsorship? ☐
16. Will children (under 21) accompany the exchange visitor and need J-2 status? ☐
17. Has this prospective exchange visitor ever been in J-1 status in the U.S.?
If yes, please list the dates and purpose of stay. Attach a copy of Form DS-2019 if available

D. MAILING OF DS-2019 TO PROSPECTIVE EXCHANGE VISITOR:

Address where Otis should mail DS-2019 Form (*Must be outside the U.S.*)

1. Address: 2. City:
3. Country: 4. Postal Code:
5. Email: 6. Telephone:



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E. INFORMATION ABOUT THE POSITION

1. Describe proposed duties/study/research program and the specific field of study title:

2. Appointment of primary activity while at Otis/J-Visa Category

Professor (Teach, Lecture, Observe, or Consult on a non-tenure appointment) ☐

Research Scholar (Research, Observe, or Consult) ☐

Short-Term Scholar (Lecture, Observe, Consult, or Demonstrate special skills for no more than 6 months) ☐

Specialist (An expert to Observe, Consult, or Demonstrate Special skills for no more than 1 year) ☐

F. FINANCIAL SUPPORT FROM ALL SOURCES WHILE IN THE U.S.

- Any *personal funds being used should be documented with a copy of a current bank statement.
- Amounts must be confirmed in U.S. dollars
- Source of funds for entire stay in U.S. (At least \$2000 per month, plus dependent costs at \$1000 per dependent and \$500/month per child, assuming all dependents are receiving health insurance, more if not.):

Indicate financial support amounts:

OTIS \$ per: Week: Month: Year:

U.S. Government \$

International Scholarship Organization \$

Applicant's Government/Agency \$

Personal \$ per: Week: Month: Year:

G. HEALTH INSURANCE COVERAGE

1. Health Insurance coverage for J-1 will be provided by:

Otis: ☐ Exchange Visitor: ☐ Other: ☐

2. For any J-2 dependent(s)

Otis: ☐ Exchange Visitor: ☐ Other: ☐

If other, please indicate who will provide health insurance coverage:

H. Please provide valid copies of all of the following documents (Please check all applicable):

- Authorized letter of Financial Support
- English proficiency report (IIE prefers a TOEFL score. Scores can be sent to code (2326) OR written confirmation of sufficient proficiency in English language to participate in proposed exchange program.
- Document of highest degree earned
- A copy of Passport data page (and page with expiration date **expiration date must be at least six months past the proposed end date of the Exchange Visitor program)
- Applicant's curriculum vitae, in English

(Department Chair's signature)

(Date)



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INFORMATION ON MANDATORY HEALTH INSURANCE COVERAGE IN THE U.S.

The U.S. Government regulations governing J-1 Exchange Visitor visa status require health insurance coverage for the J-1 and each J-2 dependent. This coverage must be in effect during the period of time you remain in the U.S., and must meet the minimum requirements. Health insurance in the United States is primarily a private industry with a variety of options for coverage and cost. The Department of State has established minimum requirements for insurance that are designed to protect the exchange visitor and his/her family.

Insurance Requirements

Sponsors shall require each exchange visitor to have insurance in effect which covers the exchange visitor for sickness or accident during the period of time that you remain in the U.S. The insurance policy must meet the following requirements:

- (1) medical benefits of at least \$50,000 per accident or illness;
- (2) repatriation of remains in the amount of \$7,500;
- (3) expenses associated with medical evacuation of the exchange visitor to his or her home country in the amount of \$10,000; and
- (4) a deductible not to exceed \$500 per accident or illness.

An insurance policy secured to fulfill the requirements above may require a waiting period for pre-existing conditions which is reasonable as determined by current industry standards and may include provision for co-insurance under the terms of which the exchange visitor may be required to pay up to 25 percent of the covered benefits per accident or illness.

The policy must be underwritten by an insurance corporation having

- an A.M. Best rating of "A-" or above;
- an Insurance Solvency International, Ltd. (ISI) rating of "A-" or above;
- a Standard & Poor's Claims-paying Ability rating of "A-" or above
- a Weiss Research, Inc. rating of B+ or above.

Name of Participant:

Name of the insurance carrier providing health insurance coverage:

Confirm that the coverage is in compliance with the health insurance requirements described above:

Signature:

Date:

NOTE: FAILURE TO OBTAIN ADEQUATE HEALTH INSURANCE COVERAGE FOR YOURSELF AND YOUR FAMILY IS A VIOLATION OF YOUR EXCHANGE VISITOR STATUS AND MAY LEAD TO TERMINATION OF SPONSORSHIP



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REQUEST FOR J-2 SPONSORSHIP

SECTION 1

Name of J-1 Exchange Visitor: Date of Birth of J-1 (m/d/y):

SECTION 2

Family Name of Dependent:

Given Name of Dependent:

Middle name of Dependent:

Have you ever been in the U.S. previously in J-1 or J-2 status? Yes: ☐ No: ☐

If yes, please list the inclusive dates, category and sponsor for any previous J status in the U.S.:

Gender: Male ☐ Female ☐ Date of Dependent's Birth (m/d/y):

City of Birth:

Country of Birth:

Country of Citizenship:

Legal Permanent Resident of:

Passport Expiration Date (m/d/y)

***include a copy of the data page from a valid passport for each J-2

Relationship to J-1 Exchange Visitor: Spouse ☐ Son ☐ Daughter ☐

* Note: Child must be younger than 21 years of age to qualify for J-2 sponsorship

**Please include copies of any Forms DS-2019.

Please submit this form for each J-2 sponsorship request.