

Purpose of Form <ul style="list-style-type: none"> Sponsor a new Exchange Visitor (EV) coming to UA from abroad Extend J-1 status for an EV currently at UA in J-1 status Transfer an EV currently in J-1 status to UA from another US institution 			<i>IFS Receipt Date</i>
1. Department Information			
Department:		Phone:	
		Fax:	
Department Contact:		Email:	
Visitor's Supervisor:		Phone:	
		Email:	
Campus Address: (Street, City, State, Zip code)			
<input type="checkbox"/> Department will pick up	Dept. FedEx Acct. Number:		
<input type="checkbox"/> IFS will fed-ex to EV			
2. Scholar Information (as listed on passport)			
Family Name:		First Name:	
		Middle Name:	
Citizenship:		Country of Legal Permanent Residence:	
City of Birth:		Email:	
Country of Birth:		Foreign Phone Number:	
Date of Birth: <small>(mm/dd/yyyy):</small>		Complete Foreign Address:	
Degree, Major, & Year Completed:			Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Home Institution:	Institution is: <input type="checkbox"/> Government <input type="checkbox"/> Academic		
3. Appointment			
<input type="checkbox"/>	Initial Appointment 1. Has the EV participated in a J-1 program within the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enclose copies of <u>all</u> DS-2019 forms, from initial to current appointment. 2. Is the EV currently in the US in another visa status? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what visa status? _____ 3. Dates of Appointment: _____ to _____		
<input type="checkbox"/>	Transfer of program (enclose copies of all DS-2019 forms from initial to current appointment). Indicate dates of appointment: _____ to _____		
<input type="checkbox"/>	Extend an ongoing program. Indicate dates of appointment: _____ to _____		
<input type="checkbox"/>	Amend a previous form. Reason: _____		
<input type="checkbox"/>	Replace a lost form.		
UA Position Title	Specific description of research and/or activity to be engaged in:		
Status at UA (check only one):			
<input type="checkbox"/>	Professor: <i>teaching/lecturing; renewable up to 5 years</i>		
<input type="checkbox"/>	Research Scholar: <i>research; renewable up to 5 years</i>		
<input type="checkbox"/>	Short-term Scholar: <i>no minimum stay, 6 month max</i>		
<input type="checkbox"/>	Specialist: <i>3 week minimum stay, 1 year max</i>		

Site of Activity: - Street Address - (No PO Boxes):	_____
	_____ (City) (State) (Postal Code)

4. Dependent Information

- If the EV's family (spouse and/or children under 21) will be entering or remaining in the US, please provide the following information for each person. Attach an additional sheet if necessary.

Family Name:	First Name:	Middle:	Date of Birth: (mm/dd/yyyy)	Relationship to Scholar:	City & Country of Birth:	Citizenship:

5. Financial Information (Check only one). See [UA FRS Policy 9.16](#) for payment information.

- Non-salaried: Attached, is proof of financial support from the EV. Examples of proper proof include: a letter from the sponsoring agency/government or a bank statement proving sufficient personal funds for the duration of the appointment, in the amount of **\$1,680** per month for the J-1 individual *and* **\$590** per month for **each** dependent. Submit copy with DS-2019 request form.
- Salaried: UA department has the funds necessary to support the EV for the duration of the appointment requested, in accordance with salary guidelines.

6. Source of Funding (Total Amount in US Dollars)

- The University of Arizona. If the UA has received funding for the above individual from one or more US government *agencies specifically for international exchange*, please indicate the agency(s): _____
- UA Paycheck: FTE ____ (include offer letter) UA Scholarship/Fellowship (include award letter)
- | | | |
|---|-------|--|
| <input type="checkbox"/> US government agency(s) | Name: | |
| <input type="checkbox"/> International organization(s) | Name: | |
| <input type="checkbox"/> EV's government | Name: | |
| <input type="checkbox"/> All other organizations providing support | Name: | |
| <input type="checkbox"/> Personal funds (include bank statement in English) | | |

7. Departmental Agreement

- UA sponsoring department agrees to notify IFS when J-1 EV departs UA or if the EV is no longer participating in program activities as outlined in Part 4 of the DS-2019 form.
- UA sponsoring department understands that the EV must maintain health insurance as outlined in CFR 62.14.
- UA sponsoring department agrees to notify IFS of any change in an EV's program during their time at the UA.
- UA sponsoring department agrees to notify IFS if the EV will be outside the US for more than 30 days and will complete the appropriate Out of Country paperwork.
- UA sponsoring department confirms that the EV has sufficient English ability to effectively participate in their EVP activities.

8. Signature Authority

Faculty Sponsor:	Signature:	Date:
Department Head:	Signature:	Date:
Verification of funds: *needed if UA funding	Signature:	Date: