

DS – 2019 Request for J-1 Exchange Scholar

Checklist:

- Completed “DS-2019 Request for J-1Exchange Visitor”
- Photocopies of passport biographical page of the exchange visitor (and dependents *if any*)
- Photocopy of the exchange visitor’s invitation letter from the department sponsoring the exchange visitor
- Bank statements and/or official letter of sponsorship
- Resume or CV of the exchange visitor

Exchange Visitor Information:

Family Name:	Given Name:	Date of Birth: (Month/Day/Year) <input type="radio"/> Male <input type="radio"/> Female
Complete Legal Address: (Street and Number)	Email address:	
	Country of Birth:	City of Birth:
City: Province/Prefecture/State: Postal Code: Country:	Phone Number: (With Country Code)	
Legal Permanent resident of:	Citizen of:	
Marital Status: <input checked="" type="radio"/> Single <input type="radio"/> Married		

Family Members Accompanying Exchange Visitor:

Spouse	Family Name:	Given Name:	Relationship: <input type="radio"/> Male <input type="radio"/> Female
	Date of Birth: (Month/Date/Year)	Country of Birth:	City of Birth:
	Citizen of:		Legal Permanent Resident of:
Dependent	Family Name:	Given Name:	Relationship: <input type="radio"/> Male <input type="radio"/> Female
	Date of Birth: (Month/Date/Year)	Country of Birth:	City of Birth:
	Citizen of:		Legal Permanent Resident of:
Dependent	Family Name:	Given Name:	Relationship: <input type="radio"/> Male <input type="radio"/> Female
	Date of Birth: (Month/Date/Year)	Country of Birth:	City of Birth:
	Citizen of:		Legal Permanent Resident of:

Program and Sponsor Information:

Subject or Field of Study:	Duration of Stay:
Expected Arrival Date (Month/Date/Year) :	Expected Departure Date (Month/Date/Year):
Faculty Sponsor Name:	Faculty Sponsor Title:
Department and Mail Stop:	Phone Number:
Approved by Chairperson (Print Name/Signature)	

Resume or Curriculum Vitae is required to substantiate the proposed visitor’s eligibility for the program

Financial Support:

Southeast MO State: \$ _____ International Organization: \$ _____
 Exchange Visitor's Home University: \$ _____ Personal Funds: \$ _____
 Exchange Visitor's Government: \$ _____ Other Organizations: \$ _____

Verified bank documents and/or scholarship letters are required to substantiate the above.

Classification:	Scholar/Professor/Researcher	Spouse	Children
Required Funding:	\$5,000 per semester	Add \$2,000 per semester	Add \$1,000 per semester, per child

Health Insurance:

U.S. Department of State requires all Exchange Visitors and dependents on J visas (J1 and J2) to carry health insurance for the **duration of the program**. The scholar may purchase health insurance from home; but will need to submit proof of coverage that meets the coverage (listed below) **upon arrival** to the Office of International Education and Services.

Minimum Coverage Requirements:

- Medical Benefits of at least \$100,000 per accident or illness
- Repatriation of Remain in the amount of \$25,000
- Medical Evacuation in the amount of \$50,000
- Deductible of no more than \$500

- I will purchase insurance from home. If you elect to purchase health insurance from home, you must submit proof of coverage within the first week of your arrival at Southeast.
- I will purchase health insurance offered by Southeast Missouri State University. If you purchase health insurance from Southeast, the health insurance premium will be due within the first week of your arrival at Southeast.

Signature of Exchange Scholar Applicant: _____

Faculty Sponsor Approvals:

Faculty Sponsor:	Print Name:	Department and Campus Mail Stop:	
	Signature:	Date:	Email:
Department Chair:	Print Name:	Department and Campus Mail Stop:	
	Signature:	Date:	Email:

Invitation Letter from the Department is required to substantiate the above information

I certify I will oversee this Exchange Visitor's program participation. I will be responsible for the arrival, stay and departure of the participant. I will be responsible for notifying the Office of International Education and Services of any changes to the program of this exchange scholar, including their stay and/or departure. I recognize the Office of International Education and Services may contact a sponsor periodically to validate the exchange visitor's continues participation in the program listed.

Signature of Faculty Sponsor: _____

Certification of English Language Proficiency for J1 Scholars

Attach this form with the appropriate supporting documentation.

Exchange Visitor's Name: _____ **Date:** _____

The Department of State requires J-1 Exchange Visitors to have "sufficient proficiency in the English language, as determined by an objective measurement of English language proficiency, successfully to participate in his or her program and to function on a day-to-day basis." [22 CFR 62.11(a)(2)] *An applicant whose first language is English and is a citizen of a country in which English is the primary spoken language of daily life (e.g., Australia, Barbados, Canada, Ireland, Jamaica, New Zealand, United Kingdom) is exempt from this requirement.*

Check One:	Indicate how the Department has certified English proficiency for the prospective exchange visitor.	
<input type="checkbox"/>	Certification by a language test recognized by Southeast Missouri State University's graduate admissions	<ul style="list-style-type: none"> ➤ A copy of the test score is provided <ul style="list-style-type: none"> • The test must have been taken within the past 2 years • IELTS overall band score of 6 or higher • TOEFL test score must be 550 (paper based) or 79 (internet based) • PTE Academic test score must be 53 or higher • iTEP test score of 3.9 or higher
<input type="checkbox"/>	Certification by an American academic institution or English language school	<ul style="list-style-type: none"> ➤ A copy of the letter is attached <ul style="list-style-type: none"> • Verifies the exchange visitor possesses English language proficiency high enough to function daily within the position and within the local U.S. community • Issued on letterhead in English within the past 6 months • Includes signature from school official
<input type="checkbox"/>	Certification by the Sponsoring Professor (signature required in right column)	<ul style="list-style-type: none"> ➤ Name of Sponsor: _____ ➤ Date of Interview: _____ ➤ Duration of Interview: _____ mins ➤ The Interview Was Conducted: <ul style="list-style-type: none"> <input type="checkbox"/> In person <input type="checkbox"/> By Videoconference <input type="checkbox"/> By Phone ➤ Interview Notes (required): _____ _____ _____ <p>I declare under penalty of perjury that I have interviewed the prospective exchange visitor, and I have verified that the scholar's English language proficiency is sufficient to function daily within their Southeast Missouri State University position and within the local U.S. community.</p> <p style="text-align: center;"> _____ Sponsor's Signature _____ Date </p>