

REQUEST FOR CERTIFICATE OF ELIGIBILITY FOR EXCHANGE VISITOR (J-1) STATUS

To be completed by the department and returned to the **PAYROLL DEPARTMENT** with other application materials. Do **NOT** send this form to the international visitor. If approved, a form DS-2019 will be mailed to the foreign national and a copy will be mailed to the department.

Purpose of Request

☐ New J- 1

(Accompanied by family members? ☐ Yes ☐ No How many?)*

☐ J-1 Extension

☐ J-1 transfer from another institution

☐ Family DS-2019(Number of dependents)*

☐ Reinstatement

Attach sheet with dependent's name, date of birth, and place of birth

Exchange visitor will be:

☐ Research scholar

☐ Professor

PART I. BIOGRAPHICAL INFORMATION

1. (FAMILY NAME, First and Middle) SEX: ☐ Male ☐ Female
2. Date of Birth: (Month-Day-Year) Place of Birth: (City) (Country)
3. Country of Citizenship: Country of Legal Permanent Residence:
4. Position title **and** employing institution in country of LEGAL PERMANENT RESIDENCE:
5. Address to which visa document should be mailed:
10. Has this person ever held a J-1 status before? ☐ Yes ☐ No (If yes, attach copies of previous DS-2019 forms)

PART II. ACADEMIC PROGRAM INFORMATION

1. Sponsoring Department: Supervisor/Department Head: Phone:
2. Duration of Stay: From: / / To: / / (5 yr total max)
3. Title of proposed position: (CANNOT be tenure track position.)
4. Brief (two sentence) description of duties:
5. List any additional universities/institutes international visitor will be visiting during this period, if they will be compensated by the other universities and if so. how much? \$

PART III DOCUMENTATION OF FINANCIAL SUPPORT

Federal regulations require certification that the foreign national has adequate financial resources to meet all expenses related to the program. Identify below the available sources of funding and the amount of financial support provided. Please provide evidence of support for funding from sources other than this institution. ANY ADDITIONAL SUPPORT i.e. PROVIDING ON-CAMPUS HOUSING, SHOULD BE ADDRESSED IN A SEPARATE MEMO.

1. From Sponsor (through Payroll or Accounts Payable)

AMOUNT	SOURCE	NAME OF SOURCE		
\$	Departmental Funds		Position Authorization Approved?	☐ Yes ☐ No
\$	Departmental Funds		Independent Contractor Form Completed?	☐ Yes ☐ No
\$	U.S. Government Agency		Position Authorization Approved?	☐ Yes ☐ No
\$	International Organization		Position Authorization Approved?	☐ Yes ☐ No

Will this person be eligible for University insurance coverage? ☐ Yes ☐ No *Note that federal regulations require specific insurance coverage. The university's insurance **DOES NOT** meet all the requirements.

2. From organizations other than the sponsor

AMOUNT	SOURCE	NAME OF SOURCE		
\$	Exchange Visitor's Government		Proof of Financial Support Attached?	☐ Yes ☐ No
\$	Binational (Fulbright) Comm		Proof of Financial Support Attached?	☐ Yes ☐ No
\$	Other Organization(s)		Proof of Financial Support Attached?	☐ Yes ☐ No
\$	Personal Funds		Proof of Financial Support Attached?	☐ Yes ☐ No

V. APPROVAL SIGNATURE

DEPARTMENT HEAD SIGNATURE

DATE

SECRETARY/ CONTACT NAME & PHONE