



REQUEST FOR DS-2019/J1 VISA SPONSORSHIP FOR EXCHANGE VISITORS



This application is used to apply for the DS-2019 form, which is required to obtain the J-1 Exchange Visitor visa. This visa is required for foreign professors, research scholars and short-term scholars coming to collaborate on a project or initiative with a department at Seton Hall University.

Please submit this form completed and signed by the Dean of the inviting School along with:

1) an invitation letter from the department to the J-1 visitor, 2) proof of finances (if not sponsored by SHU), 3) copy of their resume, 4) copy of passport and 5) proof of English-language proficiency

Please send it to:

Office of International Programs

Presidents Hall, Room 9

Telephone: 973-761-9072

Fax: 973-275-2383

PLEASE NOTE:

1. Inviting an exchange visitor is a lengthy process, therefore you should allow as much time as possible and no less than 2 months before the exchange visitor expects to arrive.

2. J-1 status exchange visitors are not permitted to apply to tenure or tenure-track positions.

3. Please complete section III accurately. It is very important for our office to know if the J-1 applicant is already in the U.S. on another visa or has been in the U.S. before on a J-1/J-2 visa.

PART I: SPONSORING DEPARTMENT:	
SCHOOL:	DEPARTMENT:
Address:	Sponsoring Faculty (please print):
Start Date: ____/____/____ End Date: ____/____/____	Are these dates flexible? <input type="checkbox"/> Yes <input type="checkbox"/> No
Brief description of what exchange visitor will be doing at SHU:	
Signature of Dean:	Date:
Signature of Provost:	Date:

PART II: MAILING OF DS-2019 TO SCHOLAR:			
First Name		Last Name	
Street Address			Apartment/Unit #
City	Province	Postal Code	Country
Phone	Email		

PART III: SCHOLAR INFORMATION		
First Name	Last Name	
Date of Birth: (month/day/year) _____/_____/_____	Country of Birth	
City of Birth	Country of Citizenship	Country of permanent residence
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Married <input type="checkbox"/> Single	Current Employment Information Employer: _____ Title of position: _____ Description of duties: _____	
Highest degree obtained	Field of degree	
Has appointee previously visited Seton Hall University? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when and on which visa type?	
If this appointee has ever been J-1 or J-2 status in the US please list to the right the dates and purpose of stay (i.e, J-1 researcher category or J-2 dependent, etc.)	1. 2. 3.	
Is the applicant already in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, what visa do they currently possess? _____ *Please send a copy of their current visa		
If they are in the U.S. on the J-1 visa, please send us a copy of their current visa, DS-2019 and contact information of the school they are currently at.		
If they are on a different visa, they must change to J-1. How do they plan to change their visa status to J-1? <input type="checkbox"/> Depart the U.S. to apply for a visa abroad <input type="checkbox"/> Remain in the U.S. and file a change of status application *This option can take 4-6 months to process		
Dependents: J-1 Exchange visitors are permitted to bring their spouse and children with them as their dependents. They will need to apply for the J-2 visa.		
Will this applicant bring dependents with them? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please contact the OIP for a J-2 application.		

Part IV: FINANCIAL SUPPORT (check below all appropriate means of support and indicate amounts)	
Funding from Seton Hall University: U.S.\$ _____ **This requires a letter from the sponsoring department with detailed information. 1. Invitation to scholar with brief description of responsibilities at SHU, dates of appointment and amount of funding to be provided from SHU. Does this funding include health insurance for Scholar? <input type="checkbox"/> Yes <input type="checkbox"/> No Does this funding include health insurance for dependents? <input type="checkbox"/> Yes <input type="checkbox"/> No	U.S. Government Agency funding: U.S.\$ _____ Letter from participating Government Agency with required. Foreign Government Agency funding: U.S.\$ _____ Letter from participating Government Agency required. Scholarship or fellowship funding: U.S.\$ _____ Letter from participating Agency required. Does this funding include health insurance for Scholar? <input type="checkbox"/> Yes <input type="checkbox"/> No Does this funding include health insurance for dependents? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Personal funds: U.S.\$ _____ (bank statement required)

PROVING FINANCIAL CAPABILITY

In order to process the DS-2019 application, appointees must demonstrate a minimum of \$2,000.00 US dollars per month for living expenses. If dependents will accompany the applicant, an additional \$650.00 per month for spouse and \$300.00 per month for any child must be shown as well.

Finances can be demonstrated in the form of a scholarship, fellowship, personal bank statement or on the invitation letter if funds are coming from Seton Hall. All documents must be in English and clearly state the currency.

PROVING ENGLISH LANGUAGE PROFICIENCY

It is now a requirement to document that exchange visitors possess sufficient English-language proficiency to carry out their program and daily activities in the U.S.:

This can be proven by submitting one of the following:

- a) recognized English language test (like TOEFL score of at least 65),
- b) signed letter from an academic institution
- c) documented interview by sponsor in-person or video conferencing or telephone if video conferencing is not an option.

HEALTH INSURANCE

It is a J-1 visa requirement that the applicant and their dependents **must** be covered by health insurance during their exchange program. The insurance must meet the Department of State (DOS) requirements below. Please submit a document from the insurance company confirming that the scholar is covered for the following benefits:

- a. Major medical benefits must be at least \$100,000.00 for each accidental illness.
- b. Repatriation benefit must be at least \$25,000.00.
- c. Medical evacuation must be covered for at least \$50,000.00.
- d. The deductible for each accident or illness may not exceed \$500.00.
- e. Policy may not unreasonably exclude coverage for perils inherent to the activities of the exchange program.