



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

Return Application to Office of International Programs

Presidents Hall, Room 9 / Telephone: 973-761-9072 / Fax: 973-275-2383 / oip@shu.edu



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 intended for foreign professors, research scholars, short-term scholars and research students not participating in an exchange program, that will 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) Invitation letter from the department to the J-1 visitor (see letter template for information required)
- 2) Proof of finances
- 3) Copy of their resume
- 4) Copy of passport
- 5) Proof of English-language proficiency
- 6) Proof of insurance that meets the J1 visa requirements (see below)

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? Yes 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: Description of duties:	Title of position:	
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.\$ _____ Letter from the sponsoring department required. May be included on invitation letter to scholar.	U.S. Government Agency funding: U.S.\$ _____ Letter from participating Government Agency with required.
Does this funding include health insurance for Scholar? <input type="checkbox"/> Yes <input type="checkbox"/> No	Foreign Government Agency funding: U.S.\$ _____ Letter from participating Government Agency required.
Does this funding include health insurance for dependents? <input type="checkbox"/> Yes <input type="checkbox"/> No	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

- Exchange visitors 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.
- Finances can be demonstrated in many forms. For example, if Seton Hall will provide a stipend, scholarship or fellowship, this can be stated on the invitation letter. If the exchange visitor is receiving funding from their home institution or government, they must provide a copy of the award letter. They can also supplement with personal funds by providing copies of bank statements. However, exchange visitors cannot solely use personal funding, unless SHU has an agreement with the institution affiliated with the scholar.
- All documents must be in English, no older than 3 months and clearly state the currency.

PROVING ENGLISH LANGUAGE PROFICIENCY

Exchange visitors must 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

Exchange visitors 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.