

J-1 SCHOLAR DS-2019 REQUEST

MICHIGAN STATE
UNIVERSITY

OFFICE FOR INTERNATIONAL STUDENTS AND SCHOLARS
Phone: 517.353.1720 | Fax: 517.355.4657
E-mail: oiss@msu.edu | Web: www.oiss.msu.edu

THIS FORM IS FOR SCHOLARS WHO HAVE PREVIOUSLY BEEN TO MSU. IF THIS IS A FIRST TIME VISIT, YOUR REQUEST MUST BE MADE THROUGH THE J-1 SCHOLAR WEB APPLICATION (<https://j1scholar.ais.msu.edu>).

- ✓ Initial review time for J-1 Scholar Requests is 10-15 business days.
- ✓ Initial requests **MUST** be received a minimum of 8 weeks prior to the anticipated arrival date. If a request is received less than 8 weeks in advance of the arrival date, the arrival date may be changed at OISS discretion.
- ✓ Export Control Worksheet must be submitted to MSU Export office on or before the DS-2019 request submission date.

SUPPORTING DOCUMENTS THAT MUST ACCOMPANY THIS FORM:

- COPY OF PASSPORT IDENTITY PAGE FOR APPLICANT AND ALL DEPENDENTS
- PROOF OF ENGLISH PROFICIENCY (See Pg. 5)
- HOST DEPARTMENT CONFIRMATIONS (See Pg. 6-7)
- RESUME/CV
- OFFER LETTER
- PROOF OF FUNDS IF THE SCHOLAR IS NOT FULLY FUNDED BY MSU DEPARTMENT

Proof of funds must be on letterhead or stamped, signed, dated and no older than 6 months. It also has to be in English OR provided in its original form with a third party translation that includes the 'Certification by Translator' found below.

The following example must be reproduced on a separate document:

Certification by Translator

I [typed name], certify that I am fluent (conversant) in the English and _____ languages, and that the above/attached document is an accurate translation of the document attached entitled _____.

Signature _____

Date _____

Typed Name _____

Address _____

DEFINITIONS OF EXCHANGE CATEGORIES:

- **SHORT TERM SCHOLAR** – An individual who is engaged in a research project or teaching activities **not to exceed a 6-month period**. The 2 year bar does not apply.
- **RESEARCH SCHOLAR** – An individual who is primarily participating in a research project, and may also be involved in teaching. Not to exceed 5 years. The 2-year bar does apply.
- **PROFESSOR** – An individual whose primary purpose is teaching; may also conduct a research project. Not to exceed 5 years. The 2-year bar does apply.
(PLEASE NOTE: Some scholars may become subject to the 2-year home residency requirement).

INSURANCE REQUIREMENTS:

Federal Regulations require that all J-1 and J-2 visa holders carry health insurance at all times. The MSU host department may purchase this insurance at its discretion. If the host department does not provide health insurance, then it is the scholar's responsibility to obtain sufficient health insurance for the duration of the program for him/her and all dependent family members. Minimum health insurance requirements for J visa holders are as follows:

- * \$100,000 per sickness/illness
- * \$100,000 per accident/injury
- * \$50,000 for medical evacuation
- * \$25,000 for repatriation
- * Maximum \$500 deductible

Health insurance for MSU employees meets the above requirements. If the scholar is not eligible for MSU employee health insurance, sufficient health insurance may be purchased through the MSU Benefits Office, from the scholar's home country, or through a private health insurance provider in the United States. For additional details, please see www.oiss.msu.edu/health.php.

THIS SECTION TO BE COMPLETED BY THE SCHOLAR:

PURPOSE OF THIS FORM (Check the appropriate box):

- INITIAL REQUEST
 TRANSFER TO MSU FROM A U.S. INSTITUTION

Name of U.S. Institution Transferring From:		Transfer In Date: ____/____/____
Contact Person:	Email address:	Phone Number:

Have you been in J-1 or J-2 status in the past 5 years? YES NO

If yes, please list:

- Dates of the previous programs: _____ - _____; _____ - _____
- J-category: _____;
(Research Scholar, Professor, Short-Term Scholar, Student-Intern, Student)

NOTE: If you have been in J-1 Research Scholar or Professor status within the last 2 years a NEW Research Scholar or Professor program is not possible.

Name must be exactly as it appears on the passport:

Surname:		Given Name(s):	
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (mm/dd/yyyy): ____/____/____	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married	
City (Not Province) of birth:		Country of birth:	
Country of Citizenship:		Country of legal permanent residence*:	
Current Mailing Address (please provide complete info):		E-mail:	
Last position in home country: <input type="checkbox"/> Student <input type="checkbox"/> Employee			
If student, specify: <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate			
If employee, specify: Job title: _____ Employer (name of organization): _____			

***If country of legal permanent residence is different from country of citizenship, please provide proof.**

Family members who will accompany the scholar:

SPOUSE:

Surname:		Given Name(s):	
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: ____/____/____		
City of Birth:		Country of Birth:	
Country of Citizenship:		Country of Legal Permanent Residence*:	
Email:			

***If country of Legal Permanent Residence is different from country of citizenship, please provide proof**

ADDITIONAL DEPENDENT(S) INFORMATION:**Family members who will accompany the scholar:****CHILD #1:**

Surname:	Given Name(s):
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: ____/____/____
City of Birth:	Country of Birth:
Country of Citizenship:	Country of Legal Permanent Residence*:
Email:	

CHILD #2:

Surname:	Given Name(s):
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: ____/____/____
City of Birth:	Country of Birth:
Country of Citizenship:	Country of Legal Permanent Residence*:
Email:	

CHILD #3:

Surname:	Given Name(s):
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: ____/____/____
City of Birth:	Country of Birth:
Country of Citizenship:	Country of Legal Permanent Residence*:
Email:	

CHILD #4:

Surname:	Given Name(s):
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: ____/____/____
City of Birth:	Country of Birth:
Country of Citizenship:	Country of Legal Permanent Residence*:
Email:	

CHILD #5:

Surname:	Given Name(s):
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: ____/____/____
City of Birth:	Country of Birth:
Country of Citizenship:	Country of Legal Permanent Residence*:
Email:	

***If country of Legal Permanent Residence is different from country of citizenship, please provide proof**

Please Note: All dependents are required to carry health insurance that meets the requirements on Page 1.

THIS SECTION TO BE COMPLETED BY THE HOST DEPARTMENT:

Family Name:	Given Name(s):	Date of Birth: ___/___/___
CATEGORY OF VISITOR WHILE AT MSU: <input type="checkbox"/> Short Term Scholar <input type="checkbox"/> Research Scholar <input type="checkbox"/> Professor		
PERIOD COVERED BY THIS FORM: Begin Date: ___/___/___ to End Date: ___/___/___		
Field of activity at MSU (Select the appropriate code at: http://tinyurl.com/cip2010):		
Professor/Collaborator in department: (Who will work with this visitor)		
Phone:	E-mail:	
** Location of activity & address:		
** Address Line 1:		
** Address Line 2:		
** City:	**State:	**Zip Code:

** Exact location where visitor will be working.

SOURCE OF FUNDING FOR THE DURATION OF REQUESTED VISIT:

<input type="checkbox"/> MSU Department Funds: \$ Health insurance provided by Department? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Scholar's Government Funds: \$
<input type="checkbox"/> Other Funds: \$ Source of other funds:
<input type="checkbox"/> Personal/Family Funds: \$

FUNDING REQUIREMENTS:

MINIMUM FUNDING REQUIREMENTS FOR J-1 SCHOLARS		
** Amounts listed subject to change	LIVING EXPENSES Per month	LIVING EXPENSES Per year
SHORT-TERM SCHOLAR	\$1,500	\$18,000
SCHOLAR	\$1,500	\$18,000
PROFESSOR	\$1,500	\$18,000
FUNDING REQUIREMENTS FOR DEPENDENTS		
Spouse (wife/husband)	\$5,000 Per year	\$3,000 x # of children
Each child under 21	\$3,000 Per year	

The department Head/Dean/Chairperson/Director must approve this host arrangement and sign below. In lieu of signature, the department Head/Dean/Chairperson/Director must send OISS an email giving approval.

Signature: _____ (Head/Dean/Chairperson/Director)	Person to contact when DS-2019 is ready:	Please submit this request to OISS in a manila envelope, with the label of "J-1 Request" OR by email to jvisas@msu.edu . Office for International Students & Scholars International Center 427 N. Shaw Lane – Room 105 East Lansing, MI 48824 If you have additional questions about this process please email: jvisas@msu.edu .
Typed Name:	Name:	
Title:	E-mail:	
Department:	Phone:	
Dept. Address:	Preferred contact method:	
Phone:	<input type="checkbox"/> E-mail <input type="checkbox"/> Phone	
Date: ___/___/___		

Required Confirmations for J-1 Exchange Visitor's English Proficiency

Federal visa regulations require that the program sponsor (MSU) obtains confirmation that the J-1 Exchange Visitor possesses 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. OISS is responsible for documenting this requirement.

J-1 Exchange Visitor (EV) categories at MSU:

Research Scholar, Professor, Short-Term Scholar, Student-Intern, Student Non-Degree, Student Bachelors, Student Masters, Student Doctorate

Exchange Visitor's Information:

SURNAME:
GIVEN NAME(S):
BIRTHDATE:

The host department has confirmed the prospective Exchange Visitor's English proficiency through the following means (check the appropriate box):

- The EV has taken a recognized English test and meets the minimum standard for MSU provisional admission listed here: http://www.admissions.msu.edu/admission/international_requirements.asp
(Documentation of test score must accompany this application.)
- The EV has undertaken and passed an English language curriculum.
(Letter from academic institution or English language school must accompany this application.)
- The department has conducted an interview in-person or by videoconferencing (Skype), or by telephone if videoconferencing is not a viable option and determined that the EV is adequately proficient in the English language.

Interview conducted by:

Name

Title

Date of interview

Form of interview (in-person, Skype, telephone, etc.)

Interviewer statement:

I believe this person's English ability is enough to successfully participate in his/her program.

Signature of Interviewer

Date

HOST DEPARTMENT CONFIRMATIONS

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In hosting a J-1 Exchange Visitor (EV), there are certain responsibilities to be assumed by the host department to ensure the J-1 exchange visitor has adequate academic and logistical support.

EXCHANGE VISITOR NAME: _____

EXCHANGE VISITOR DATE OF BIRTH: _____

→ **FEE:** Is your department charging a fee to host this EV? ___ Yes ___ No

What is the amount you will charge to the EV? \$_____

(If yes, OISS will charge your Department a processing fee of \$100 for Short-Term Scholars or \$350 for Research Scholars/Professors.)

HOST FACULTY RESPONSIBILITIES

I confirm I will engage in regular collaborative contact with the EV during the J-1 program and understand a minimum of monthly contact is required.

I understand EVs are here primarily to engage in academic program activities other than course enrollment, so any course enrollment should be limited. Classroom / Seminar Participation may not exceed the following limitations:

- 9 clock hours per week of non-credit-bearing classroom activity; or
- 6 hours of enrolled undergraduate credits per semester; or
- 4 hours of enrolled graduate credits per semester.

For those departments hosting J-1 Research Scholars or Professors ONLY: If the EV will be outside the US for 30 days or more during her/his J-1 program, and continue the MSU J-1 program engagement, I understand I must notify OISS prior to the scholar's departure from the US. This notification will allow OISS to maintain the J-1 record as active while the scholar is abroad.

I understand that should an EV's appointment end and s/he is unable to find an alternative host arrangement, the EV will be required to leave the U.S.

If an EV is not performing as expected, I will provide at least two weeks' notice prior to termination of the EV's assignment or appointment.

If an EV completes her/his program more than 15 days prior to the scheduled end date of the J-1 program, I will notify OISS by sending a message to jvisas@msu.edu.

RESPONSIBILITIES SHARED BETWEEN HOST FACULTY AND HOST DEPARTMENT

- I understand I need to provide regular and timely communication with OISS regarding any issues or concerns that arise and will encourage the EV to do the same.

- We are responsible for ensuring that the EV has access to sufficient information to make appropriate housing arrangements for themselves and any accompanying family members. (Host departments may choose to make these arrangements themselves.)

- We are responsible for ensuring the EV has access to sufficient information to arrange safe transportation from the airport to their lodging. (Host departments may choose to make these arrangements themselves.)

- We are responsible for helping the EV with an initial shopping trip to obtain immediately necessary supplies (i.e. towels, bedding, cooking supplies).

- We confirm we will provide the EV access to any necessary resources such as library facilities, course observation, and office resources.

- We will ensure the EV checks in with OISS as soon as possible after arrival.

- We will provide regular and timely communication with OISS regarding any issues or concerns that arise and will encourage the EV to do the same.

- If there are material changes to an EV's program (i.e. site of activity, change in supervisor, funding updates), we will immediately submit an Update Notification Form with supporting documents to OISS.

- Should we wish to extend an EV's program, we understand we are responsible for submitting the DS-2019 Extension Request to OISS.

Faculty Name: _____

Faculty Title: _____

Host Department Name: _____

Faculty Signature: _____ **Date:** ___/___/___

INVITATION LETTER TEMPLATE

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Phone: 517.353.1720 | Fax: 517.355.4657
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Date Required

Invitation Letter Must Be On Letterhead

Dear **Exchange Visitor's Name (EV)**,

We would like to formally invite you to Michigan State University as a visiting J-1 **visa category name**.

(The invitation letter to the scholar needs to include the EV category name. If you need a letter that has the official MSU title, you will still need to write a separate invitation letter.)

Your program will begin on: **xx/xx/xx** and end on **xx/xx/xx**.

During your time here you will be working with: **faculty member's name or lab** and engaging in your J-1 program at least **XX** hours per week. Your program objective will be to: **give research objective or description of teaching**.

- **Base description on the list of appropriate activities for the EV's category.**
- **Describe the EV's field of research, instruction, or training.**
- **Clearly define your expectations for the EV's program during their time here.**

We will be providing you with **\$XXXX on a monthly or annual basis**. Depending on your lifestyle preferences, additional funds may be needed to support yourself (and any dependents) while at MSU.

(If your department will not be providing funding for the EV, please indicate where the funds for their program will be coming from and any other resources you will make available to them e.g. office space or access to the library.)

Healthcare insurance is a mandatory requirement for J-1 and J-2 visa holders: **if your department will be providing coverage please indicate this. (If otherwise, instruct the EV to obtain their own coverage and that they may utilize OISS for consultation.)**

You will be required to fulfill the mandatory government check-in once you have arrived at MSU, please consult the enclosed materials for more information on when and how to meet this immigration requirement.

Include any other additional comments or information that you would like to provide.

Kind Regards,

Signature Required

Full Name

Title