

Visiting International Scholar



COMMONWEALTH UNIVERSITY

Part A: to be completed by the **CU faculty or academic department** inviting a visiting international scholar. Please print or type.

INVITATION

For visiting foreign faculty, scholars, and researchers to Commonwealth University:

Please read through this form thoroughly before completing.

| | |
|---|-------------------|
| 1. Name of International Scholar: | |
| | |
| <i>Family name</i> | <i>First Name</i> |
| <i>Middle Name</i> | |
| 2. Academic Department: | |
| | |
| 3. Title of Appointment: | |
| | |
| <i>research, scholar, visiting professor, or short term scholar</i> | |
| 4. Dates of Appointment: | |
| From: | To: |
| | |
| <i>Note: Dates must reflect financial documentation</i> | |

5. FINANCIAL SUPPORT: A visitor must demonstrate access to a **minimum of \$18,000^{USD} per 12 month period** (or \$1,500^{USD} per month) **for living expenses.**

Additional Funds - Spouse: \$5,000/12 months or \$417/month
Each Dependent Child: \$3,000/12 months or \$250/month

A DS-2019 will not be issued until financial proof has been provided to CU for the visiting scholar and any accompanying spouse/dependent(s).

Documentation must be attached to this form. Some examples of acceptable forms of proof of finances include: a current bank statement, official letter from bank stating the amount available in an account, letter from sponsor/organization (e.g. Embassy), or letter of financial support from home employer. and may be in the form of a letter from the academic department, an award letter from an outside agency, a bank statement showing personal funds in U.S. dollars, or any combination of these funding sources.

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Please indicate the amounts and sources of support below:

| FUNDING SOURCE | AMOUNT | PER MONTH |
|---|-----------|-----------|
| Commonwealth University (including grants) | \$ | |
| Visitors Home Government | \$ | |
| Other Agency or Home University (specify): | \$ | |
| Personal Funds | \$ | |
| Total available funds for time period indicated above in box 4 | \$ | |

Faculty Sponsor Information

| | |
|---|---------------|
| 6. Faculty Sponsor Name: | |
| <i>Address:</i> | <i>Phone:</i> |
| 7. Signature of Academic Department Chair: | |
| | |
| <i>Date:</i> | <i>Phone:</i> |
| 8. Signature of Dean: | |
| | |
| <i>Date:</i> | <i>Phone:</i> |

Brief Summary of Visitor's area of study/teaching/research:
Must attach a one-page project proposal

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| When the DS-2019 is ready, please check mailing instructions and insert information. |
| <input type="checkbox"/> Local pick-up of DS-2019 from CGE Office |
| <input type="checkbox"/> send DS-2019 to Exchange Visitor (provide address) |

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PLEASE NOTE: J-1 scholars are limited by government regulations to employment and affiliation at **Commonwealth University only**. Occasional lectures and short-term consultations may be allowed in limited circumstances with advance authorization from the Center for Global Studies Office.

LENGTH OF STAY: There are statutory limits for the total length of stay in the US for professors, researchers, and scholars. The normal length of stay for professors and research scholars is a minimum of 3 weeks and a maximum of 42 months with possibility of extension (information regarding the extension process is available from the CGE Office).

ELIGIBILITY: J-1 visa sponsorship may be offered only to foreign nationals who are being invited to the University for a *temporary* position. It is not possible to create a JDS-2019 for someone who is being hired for a *tenure-track* or *permanent* position. Ensure that you consult with the CGE Office before you make an offer for such a position.

| | | |
|--|-----|----|
| Has the individual been physically present in the United States in any J visa category for all or part of the preceding twenty four months? | YES | NO |
|--|-----|----|

If **YES**, list entry and departure dates:
from _____ to _____

If this period exceeds six months, the person is **not** eligible to begin a new J-1 program as a research scholar or professor. Consult the CGE Office to determine whether an alternative visa status is possible.

NOTE: It is the responsibility of the hosting academic department to verify that the visitor has the necessary academic credentials and expertise to carry out the proposed research/teaching, adequate English language proficiency to successfully interact at the university community, and awareness of appropriate laboratory guidelines. The visitor will be interviewed at the US Embassy/Consulate and may be denied if the officer believes the visitor's skills are lacking.

IMPORTANT: Health Insurance Requirements

The US State Department **mandates** that all visiting J-1 scholars and their dependents in J-2 Exchange Visitor immigration status have health insurance coverage which meets specific requirements. Please review the *Health Insurance Requirements* which are included in **Part B**. Scholars are required to sign this statement in order to process the application.

Will the department be responsible for providing insurance for scholar and dependents? yes no

If No, ensure scholar has signed the health insurance statement

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SHORT TERM SCHOLAR CATEGORY: The CGE Office is designated to use this category for scholars coming to the US for *no more than* six months for academic-level research or teaching. Extensions of stay beyond six months are not permitted. We will use this category for scholars who (1) may or may not receive Commonwealth University funding, (2) will leave the US within six months, and (3) may come and go periodically to Commonwealth University. We will continue to use the researcher or professor categories for most visitors to campus. If you think that the Short-Term Scholar category is more appropriate in a particular case, please phone the CGE Office to discuss your situation.

LETTER OF INVITATION: This should be from the CGE Office or sponsoring faculty member stating the dates of invitation, the nature of the research or teaching position, and the financial support, if any. It should also be clear about what the invitation does and does not provide, e.g., library carrel, office space, telephone and computer services, public lecture on research topic, salary, and health insurance. This is very important as it alleviates any possibility of misunderstanding.

ARRIVAL: Please ask all newly arrived scholars (and spouse/dependent(s), if applicable) to visit the CGE Office. At this time we will give them orientation/registration information. If a scholar does not come to Commonwealth University, please retrieve the DS-2019 Form that we issued and return it to the CGE Office

Once submitted, please allow two weeks for DS-2019 issuance.

Thank You for Your Assistance.

Part B: TO BE COMPLETED BY THE PROSPECTIVE INTERNATIONAL SCHOLAR applying for visa authorization. Please return this form to the Center for Global Engagement at your chosen Commonwealth campus.
PLEASE PRINT OR TYPE!

| | | | | |
|-----------------------|-------------------|---------------|--------------------------------------|--|
| Name: | | | <input type="checkbox"/> Male | <input type="checkbox"/> Female |
| | | | | |
| <i>Family name</i> | <i>First Name</i> | <i>Middle</i> | | |
| Date of Birth: | | | Place of Birth: | |
| | | | City: | |
| Month | Day | Year | Country: | |

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| | |
|--|--------------------------------|
| Country of Legal Permanent Residence: | Country of Citizenship: |
| Position Title in Home Country: | |
| Name of Employer/Institution in Home Country: | |
| Intended Length of Stay: From: _____ To: _____ | |
| Passport Number: | Issue Date: |
| Country of Issue: | Expiration Date: |

MAILING ADDRESS IN HOME COUNTRY:

| |
|----------------------------|
| Street: |
| Apartment/P.O. Box: |
| City: |
| State/Province: |
| Country Code/Zip: |
| Country: |

FINANCIAL SUPPORT: **A visitor must demonstrate access to at least \$1000/month for living expenses. Additional funds (\$300/month for the first dependent plus \$100/month for each additional dependent) must be documented for any accompanying family members.** Before we can prepare a DS-2019 Form, we must have evidence that the amount of available funds meets the above requirements. Documentation must be attached to this form and may be in the form of a letter from the Academic Department, an award letter from an outside agency, a bank statement showing personal funds in U.S. dollars, or any combination of these funding sources.

Please indicate the amounts and sources of support below:

| FUNDING SOURCE | AMOUNT | PER MONTH |
|---|---------------|------------------|
| Lock Haven University (including grants) | \$ | |
| Visitors Home Government | \$ | |
| Other Agency or Home University (specify): | \$ | |
| Personal Funds | \$ | |
| Total available funds for time period indicated in # 4 | \$ | |

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HEALTH INSURANCE REQUIREMENTS: It is *MANDATORY* that all J visa holders have Health insurance, which meets the U.S. government's guidelines for minimum coverage:

- ❖ The policy must provide at least \$50,000 in coverage for each accident or illness.
- ❖ In the event of death, the policy must provide at least \$7,500 in benefits to send the remains to the home country.
- ❖ The policy must pay up to \$10,000 for travel expenses if-because of a serious illness or injury and on the advice of a doctor-the individual must return home.
- ❖ The policy may require you to pay a part of the cost of your own medical treatment, but the deductible may not be greater than \$500 per accident or illness and the co-payment may not be greater than 25%.
- ❖ The policy may include a waiting period for pre-existing conditions as long as the waiting period is reasonable by industry standards.
- ❖ The policy may not unreasonably exclude coverage for perils inherent to the activities of the individual's program in the U.S.
- ❖ The policy must meet minimum rating requirements as set by the U.S. Information Agency or it must be backed by the full faith and credit of the individual's home government.

I have read and understood the Health Insurance requirements and hereby certify that I will arrange for Health Insurance for myself and any family members who will accompany me to the U.S., I understand that failure to do so jeopardizes my visa status.

Visitor's Printed Name
Date

Visitor's Signature

PLEASE NOTE:

- ❖ The United States Department of State (DoS) administers the J-1 Exchange Visitor Program. Commonwealth University is designated by the DoS as a program sponsor, and must follow its guidelines closely.
- ❖ Exchange visitors are limited by government regulations to employment and affiliation at Commonwealth University only. Occasional lectures and consultations may be allowed in limited circumstances with advance authorization from the GEO.
- ❖ There are statutory limits for the total length of stay in the U.S. for professors, researchers, and scholars. The normal length of stay for Professors and Research Scholars is a minimum of 3 weeks and a maximum of 42 months with possibility of extension (information regarding the

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extension process is available in the GEO). Change of visa sponsorship or university does not change this limit.

- ❖ A prospective scholar who has been in the United States in J-1 or J-2 status for all or part of the two year period immediately preceding the desired start date of the appointment is not eligible for sponsorship for a new J-1 program in the Research Scholar or Professor categories. There is an exception to this two year bar if the scholar was previously in the U.S., in the Short-Term category, or if the scholar's presence in the U.S. was of less than six months duration.
- ❖ **IMPORTANT: It is the responsibility of the scholar to maintain his/her J-1 status. The scholar must obtain a signature from the GEO before traveling abroad. The scholar can only remain in the U.S. as long as the DS-2019 Length of Program, indicates. Any extensions must be requested by the department and submitted to the GEO.**

X _____
Visitor's Signature *Date*

Current Mailing Address (if different from the address stated above):

Telephone: _____

Email: _____