

Application for Visiting J-1 Student

This form should be submitted by the Host Department (not to be completed by the visitor/student), signed by the Faculty Sponsor, Department Chair/Head and sent to the International Students and Scholars Office (ISSO), 328 O'Dowd Hall. This ISSO will review the paperwork and issue the DS-2019, which the student must use to obtain a J-1 visa at a U.S. Consulate abroad prior to entering the United States. If you have any questions regarding this form, please call the ISSO at (248) 370-3358.

PART I - DEPARTMENT INFORMATION

- | | | |
|---|--------------|-------------|
| 1. Host Department: | Phone #: | |
| 2. Department Address: | Lab #: | |
| 3. Host Faculty Name: | Fax #: | |
| 4. Host Faculty Email Address: | | |
| 5. Is there an alternate contact? If yes, whom: | Phone #: | |
| 6. Upon completion of the DS-2019, the ISSO will contact: | | |
| (Name) | (Department) | (Telephone) |

PART II - EXCHANGE STUDENT INFORMATION

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|--|---------------------------------------|--------------------|---------------|
| 1. Name of Exchange Student: | (Family/Last Name) | (Given/First Name) | |
| 2. Gender: Male Female | Date of Birth: | (Month/Day/Year) | |
| 3. Country of Citizenship: | Country of Legal/Permanent Residence: | | |
| 4. City, Country of Birth: | Student's Current Education Level: | | |
| 5. Exchange Student's Mailing Address: | | | |
| (City) | (Province) | (Country) | (Postal Code) |
| Email Address: | Phone #: | | |

- TOEFL Score Degree from a University fluent in English Institutional Test of ESL
Other:

- ### PART III - PROGRAM INFORMATION

- From: _____ To: _____
(Month/Day/Year) (Month/Day/Year)

PART IV - FINANCIAL SUPPORT INFORMATION

Note: You must submit a copy of all financial grants, awards, and other funding at the time of this application.

Application for J-1 Visiting Students

-Continued-

PART V - HEALTH INSURANCE INFORMATION

All J-1 international exchange students must provide proof of adequate health insurance and have it approved by the International Students and Scholars Office (ISSO).

UnitedHealthcare coverage:

Coverage Dates:

Approval by Department Chair/Head:

(Signature)

(Print Name)

(Date)

Approval by Faculty Sponsor:

(Signature)

(Print Name)

(Date)