



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.

	(248) 370-335	8.		
PART I - DEPARTMENT INFO	ORMATION			
1. Host Department:		Phone #:		
2. Department Address:		Lab #:		
3. Host Faculty Name:		Fax #:	Fax #:	
4. Host Faculty Email Addres	s:			
5. Is there an alternate contact? If yes, whom:		Phone #:		
6. Upon completion of the DS	S-2019, the ISSO will conta	ct:		
(Name)	(Departmet	ut)	(Telephone)	
PART II - EXCHANGE STUDE	ENT INFORMATION			
1. Name of Exchange Student:				
	(Family/Last Name)		(Given/First Name)	
2. Gender: Male Fem	nale Date of			
3. Country of Citizenship:	Country o	(Month/Day/Year) Country of Legal/Permanent Residence:		
4. City, Country of Birth:	Studen	Student's Current Education Level:		
5. Exchange Student's Mailing A	Address:			
(City) Email Address:	(Province)	(Country) Phone #:	(Postal Code)	

6. Indicate what evidence you have that this individual Exchange Student here at Oakland University.	has adequate English skills to function as an
TOEFL Score Degree from a University flue Other:	nt in English Institutional Test of ESL
7. Has this Exchange Student held J-1 immigration state If yes, give dates and location of the most recent visit	· · · · · · · · · · · · · · · · · · ·
PART III - PROGRAM INFORMATION	
1. Dates of Program at Oakland University:	
From: (Month/Day/Year)	To: (Month/Day/Year)
PART IV - FINANCIAL SUPPORT INFORMATION	
Complete all sources of funding to indicate total am period the exchange student will be attending Oakla	
PART IV - FINANCIAL SUPPORT INFORMATION	
Source	Amount
Personal Funds of Exchange Student	\$
Exchange Student's School/Government	\$
Oakland University (Exchange Agreement)	\$
(Exchange Agreement with Whom)	
Other Agency or Organization If support funding is from a grant or contract Awarded for the sole purpose of international Exchange, name the granting agency.	\$

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

\$

 $(Granting\ Agency)$

TOTAL AMOUNT OF FUNDING:

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	l:	
(Signature)	(Print Name)	(Date)
Approval by Faculty Sponsor:		
(Signature)	(Print Name)	(Date)