

Application for Visiting J-1 Student

When an Oakland University Department invites an Exchange Student for short term study program, the J-1 Visa is the appropriate visa for the visitor. This form should be completed 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. The 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: | | |
| <i>(Name)</i> | <i>(Department)</i> | <i>(Telephone)</i> |

PART II - EXCHANGE STUDENT INFORMATION

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

6. Indicate what evidence you have that this individual has adequate English skills to function as an Exchange Student here at Oakland University.

TOEFL Score Degree from a University fluent in English Other:

7. Has this Exchange Student held J-1 immigration status at any U.S. institution in the past 24 months?
If yes, give dates and location of the most recent visit and location.

8. Will the Exchange student be accompanied by spouse or children? Yes No

If yes, please provide the following information for each dependent on a separate page.
Full name, date of birth, city of birth, country of birth, male or female, country of citizenship, country of legal/permanent residence.

Please Note: The dependant information must be submitted at the same time this application is submitted.

PART III - PROGRAM INFORMATION

1. Dates of study Exchange Student will attend Oakland University:

From:

To:

(Month/Day/Year)

(Month/Day/Year)

2. The students intended major while studying at Oakland University:

Major:

This ensures that every student is matched with the appropriate Academic Advisor

3. Is there a possibility the Exchange Student will extend their study at Oakland University beyond dates given above? Yes No If yes, will the Exchange Student stay a total of more than one semester? Yes No

4. Is the Exchange Student contemplating an Academic Training Program (i.e. internship) while studying here at Oakland University? Yes No If yes, contact the ISSO at (248) 370-3358 to set up an appointment with an ISSO advisor to begin the process.

Please Note: While an Exchange Student is participating in an Academic Training Program, they remain the responsibility of the Host Department, Host Faculty Sponsor, and the International Students and Scholars Office.

PART IV - FINANCIAL SUPPORT INFORMATION

Complete all sources of funding to indicate total amount of support for the duration of the period the exchange student will be attending Oakland University. Required funding for an exchange student s \$1,000 per month. Additional funding for first dependent is \$500 per month, and each additional dependant is \$410 per month. Please provide financial verification (i.e. notarized bank statement, letter of offer, etc.)

Application for J-1 Visiting Students

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PART IV - FINANCIAL SUPPORT INFORMATION

<u>Source</u>	<u>Amount</u>
Personal Funds of Exchange Student	\$
Exchange Student's School/Government	\$
Oakland University (Exchange Agreement)	\$
<i>(Exchange Agreement with Whom)</i>	
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.	
<i>(Granting Agency)</i>	
TOTAL AMOUNT OF FUNDING:	\$

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

PART V - HEALTH INSURANCE INFORMATION

All J-1 international exchange students must purchase the university sponsored health insurance plan-- **UnitedHealthcare (UHC) Student Resources**. This is a quality health plan with a reasonable premium. This policy has benefits including NO deductible and benefits are paid at 100% when care is received at **Graham Health Center**.

Please select your **UnitedHealthcare** coverage: Annual \$1,860 Fall \$652 Winter \$617
(Please check all that apply prices are estimates) Spring/Summer \$1,208 Summer \$591

Coverage Dates: **Annual** 8/26/2016-08/25/2017 **Fall** 08/26/2016-12/31/2015 **Winter** 01/01/2017-05/01/2017
 Spring/Summer 1/01/2017-8/25/2017 **Summer** 05/02/2017-08/25/2017

Approval by Department Chair/Head:

(Signature)

(Print Name)

(Date)

Approval by Faculty Sponsor:

(Signature)

(Print Name)

(Date)