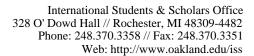


J-1 A _l	plicant	Name:
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Last Name First Name Middle Name

- When an Oakland University department invites an Exchange Student/Professor for research and/or teaching purposes, a J-1 Exchange Visitor visa is appropriate.
- This form must be completed by the requesting Faculty Sponsor in the department (not by the visiting scholar).
- -After this 6-page application has been completed, including all scholar and dependent information (pp. 2-3) and all signatures (p. 6), submit the application with a copy of the offer letter to the International Students and Scholars Office (ISSO), 328 O'Dowd Hall.
- -The ISSO will issue the **DS-2019** for the scholar and all dependents after the application review and approval.
- -The scholar needs the DS-2019 in order to obtain a J-1 visa at a U.S. Embassy abroad and to enter the U.S.
- -J-1 scholars must report to ISSO no later than 5 days after arrival to the US before the begin research.
- -If Scholar fails to report to the ISSO and has to be reinstated the Scholar and/or the department will be responsible for reinstatement fee.

Part 1 - Sponsor and Department Information				
1. Host Department:		Office Ph #:		
Office Address:		Fax #:		
2. Faculty Sponsor:		Office Ph #:		
Lab Ph #:	Cell Ph #:			
OU Email:	Office Address:			
3. Dept. Secretary:		Office Ph #:		
OU Email:	Office Address:			
4. Alternate Contact (if any):		Office Ph #:		
Lab Ph #:	Cell Ph #:			
OU Email:	Office Address:			
5. Office Location for Scholar (required by SEVIS)				
Room # Building				
6. Party Responsible to Mail DS-2019 and Welcome Packet (Check or Enter One):				
Department (Choose One)	Faculty Sponsor De	epartment Secretary	Alternate Contact	
ISSO				
Other (Please List):				





DS-2019 Application for Visiting Scholars and Professors Part II - Exchange Scholar/Professor Information

1. Name of Scho	olar/Professor:	(Family	/Last Name)	(First Name)	(Mi	ddle Name)
2. Gender:	Male	Female	Date of B	,	`	· · · · · · · · · · · · · · · · · · ·
2. Gender.	Male	remale	Date of E		Month/Day/	Year)
3. City of Birth:					•	
		(City)			(Country)	
4. Citizenship:			Legal/Perm	nanent Residence:		
5 Home County	(Country)			(0	Country)	
5. Home Countr	y Address:					
		(Street Addre	ss No Post Office I	Boxes Accepted)		
(Cit	y)	(Prov	ince)	(Country)		(Postal Code)
6. Email:			Phon	ne #:		
7. If different from	(REQUIRED for)		rv Mailing Addr	(REQUIREI) for Expres	ss Mailing)
7. II different iiv	om above, 1 un	Home Count	ly Maning Man	C33•		
		(Street Address	ss No Post Office B	oxes Accepted)		
(City		(Prov	ince)	(Country)		(Postal Code)
8. Home Countr	y Occupation &	& Employer:				
*By signing below, I	confirm that i have conferencing is not	conducted an inte a viable option)	rview with the prospe and that the scholar ha	to J Subpart A [62.11(a)(2)] ctive J-1 Scholar either in-pe as sufficient English proficiento-day basis.	rson of by v	
Date of Interview:		Time of Int	erview:	Method Used to Inter	Method Used to Interview: In-Pe	
				available to the Department of State		Videoconferencing
Signature of Sponsori	ng Faculty Membe	r				Telephone
10. In the past 24 n	nonths, has this I	Exchange Schol	ar/Professor held J-	 1 or J-2 immigration stat	tus at any	U.S. Institution?
Check One:	No Yes *If	Yes, give dates	:	G	·	
and location of	most recent visit:					
11. Attach copies For J-1s already			,	p.dhs.gov/I94/#/home), cu	rrent DS-2	019 form.
12. OU Position -	Check One:	Short-Term	Scholar (six month	ns or less; DS-2019 Extens	sion NOT _J	possible)
		Long-Term	Scholar (more than	6 months; DS-2019 Exter	nsion is po	ssible)
		Visiting Pro	fessor (please conta	ct ISSO re: Duration of St	ay & Natu	re of OU Position)
13. Dates of Visit	at OU: From	:		To:		
		(Month/Da	ny/Year)	(Month/Day/Y	ear)	
14. Subject/Field	of Research or T	eaching:				
				U: Provide a brief statement ided application will be retu		



stay.

Signature ____

International Students & Scholars Office 328 O' Dowd Hall // Rochester, MI 48309-4482 Phone: 248.370.3358 // Fax: 248.370.3351 Web: http://www.oakland.edu/iss

16. Is this scholar planning to **bring a spouse or children? Check One:** No Yes

*If Yes, complete and submit the Application to Sponsor Dependent (J-2) form as part of this application.

Application to Sponsor Dependent (J-2) SEVIS DS-2019

		——— Personal Info	ormation ——		
First Name:		Middle Initial:	Last Name:		
Street Address:					
City:		Province / State:		ZIP Code:	
Primary Telephone:		OU E			@oakland.edu
Alternate Email:					
		——— Dependent In	formation ——		
		e information below for the -2 visa in order to travel to			al spouse or
First Name:	Surname / Family Name:			Birthday (mm/dd/yyy	yy):
Relation:	Sex: Country of Citizens		p:	Country of Birth:	
City of birth:		Country of Po	ermanent Legal Re	esidence:	
First Name:	Surname / Family Name:			Birthday (mm/dd/yyy	yy):
Relation:	Sex: Country of Citizenshi		p:	Country of Birth:	
City of birth:		Country of Pe	ermanent Legal Re	sidence:	
First Name:	Surname / Family Name:			Birthday (mm/dd/yyy	ry):
Relation:	Sex:	Country of Citizenshi	p:	Country of Birth:	
City of birth:	Country of Permanent Legal Residence:				
The primary J-1 has	the followin	g responsibilities:			
Provide ISSO with for the first dependerSubmit a legal man	an official b nt, and \$340 riage certific	passport of the dependent to ank statement which reflect 0 per year for each additionate in English. Cally for all dependents which	ets the required fun anal dependent).	ding for dependents (\$	

Please sign below when you have read and understand your responsibilities regarding sponsoring a J-2.

Date



Part III - Financial Support Information

- 1) Provide financial verification (i.e. notarized bank statement, letter of offer, etc.)
- 2) Indicate below all applicable sources of funding
- 3) Calculate and enter total amount of support for the Duration of Stay at Oakland University
- 4) Funds required are as follows:
 - Exchange Scholar/Professor = \$1,225.00 per month
 - Additional funding for first dependent = \$542.00 per month
 - Each additional dependent = \$410.00 per month

Funding Source

Amount

Personal Funds of Exchange Scholar/Professor

Oakland University Funding

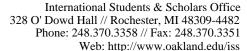
Exchange Visitor's Government Funding

Other Agency or Organization Funds NOTE: If support funding is from a grant or contract award, for the sole purpose of international exchange, name the granting agency:

REQUIRED - Total Amount of Funding

Embassy Notes:

- -The ISSO recommends that a visiting scholar/professor provide to the Embassy a notarized bank statement from the home country showing personal funds of at least \$600.00 (or more).
- During the review of a J-1 visit application, Embassy Immigration Officers prefer to see funds in an account that ties a scholar/professor to the home country.





Part IV - Health Insurance Information

Oakland University requires all J-1 holders to purchase the Oakland University sponsored UnitedHealthcare Insurance Plan

All International J-1 Exchange Visitor research scholars and professors must show proof of coverage for themselves and for any J-2 dependents accompanying them (i.e. spouse or children) according to their DS-2019 start and end dates.

- -Short-term scholars (less than six months) must purchase UnitedHealthcare insurance for Duration of Stay (DS-2019 dates).
- -Long-term scholars (six months or longer) employed by Oakland University will have health insurance through Oakland University Human Resources starting 30 days after DS-2019 start date and is required to purchase the \$95 Scholastic Emergency Services Medical Evacuation and Repatriation rider.
- -The Faculty Sponsor/Host Department is responsible for providing and/or confirming that their J-1 Exchange Visiting Scholar/Professor has and submits proof of sufficient health insurance coverage to the ISSO.

Check One - The J-1 Scholar/Professor will have health insurance coverage as follows:

The health insurance plan administered by United Healthcare paid by the department

The health insurance plan administered by United Healthcare paid by the scholar

An OU health insurance policy through UHR and paid by the department (medical evacuation and repatriation policy must also be purchased

(If this is not filled out, application will be returned and delayed)

Health Insurance Options for J-2 (Dependents)

All J-2 (dependents) are required by U.S. federal law to carry health insurance at all times. The minimum J-2 health insurance requirements are:

- Medical benefits of at least \$100,000 per accident or illness
- Medical evacuation must be covered in the amount of \$50,000 minimum
- Repatriation must be covered in the amount of \$25,000 minimum
- Deductible must not exceed \$500 per accident or injury
- Medical insurance must cover the entire period of time that the exchange visitor participates in the Exchange Visitor Program



Part V - Approval Signatures

Submit this 6-page application with all signatures and a copy of the Dean's offer letter to ISSO:

International Students and Scholars Office

328 O' Dowd Hall Phone: (248) 370-3358 Fax: (248) 370-3351 Email: isso@oakland.edu

(1) Faculty Sponsor Approval:		
(Signature)	(Print Name)	(Date)
(2) Dean Approval:		
(Signature)	(Print Name)	(Date)
(3) Required - Vice Provost for	r Research Approval:	
(Signature)	(Print Name)	(Date)
(4) Required - Assistant Vice I	President of Academic Human	Resources (AHR) Approval:
(Signature)	(Print Name)	(Date)

^{*} Please submit a copy of a valid passport for J-1 (and J-2 if applicable) along with your application.