

## Application for Visiting J-1 Student

# Galileo-Saudi Arabia Educational Leadership Immersion Program

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

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

Institutional Test of ESL

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.

---

### 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 amount of support for the duration of the period the exchange student will be attending Oakland University.

---

### PART IV - FINANCIAL SUPPORT INFORMATION

<u>Source</u>	<u>Amount</u>
Personal Funds of Exchange Student <i>Please remember to bring readily available funds. We suggest \$1500.</i>	\$
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.	\$
(Granting Agency)	

**TOTAL AMOUNT OF FUNDING:** \$

**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)