

# J-1 Scholar/Researcher – Request for DS-2019 | Form J1SCHLR

This packet is to be used by EMU departments who wish to host an international Research Scholar or Professor for a minimum of 3 weeks up to a maximum of 5 years. It is extremely important that the Office of International Students has the required information to process the immigration documents in a timely manner. There are 2 sections to the request form: one for the visitor to complete and another for the requesting department. All supporting documents **MUST** accompany the request. Please note:

- Processing time for DS-2019 requests is 7 – 10 business days
- Initial requests **MUST** be received a minimum of 8 weeks prior to the anticipated arrival date
- Incomplete applications will be returned to the host department

**Supporting Documents** that **MUST** accompany this form include:

- Résumé** or CV of Visitor
- Proof of Funding** from the Visitor or Hosting departments
- Invitation Letter** (may include proof of funding)
- Passport Identity Page** photocopy
- Passport Identity Page photocopy for **all dependents** requiring a DS-2019

**Exchange Categories Available:** EMU is authorized to host non-US scholars who are engaged in either research or teaching. *Some scholars may be subject to the 212(E) 2-year home residency requirement.*

- **Research Scholar** – Individual who is primarily participating in a research project. Not to exceed 5 years. The 12 & 24-month bars, & 212(e) Home Residency Requirement may apply.
- **Professor** – Individual whose primary purpose is teaching; may also conduct a research project. Not to exceed 5 years. The 12 & 24-month bars, & 212(e) Home Residency Requirement may apply.

**Funding Requirements:** Minimum funding requirements are:

- J-1 Living Expenses: \$18,000/yr (\$1500/month)
- J-2 Spouse Living Expenses: \$5,000/yr
- J-2 child Living Expenses, under 21 years of age: \$3,000/year for EACH child

**Insurance Requirements:** Federal regulations require that all J-1 and J-2 visa holders carry health insurance *during their entire stay* in the USA. The **EMU offered policy** fulfills this requirements. If scholar has a world-wide coverage from the home country, a copy of the health insurance policy in English translation with values stated in US currency is required.

Details of 22 C.F.R. § 62.14 Mandatory Health Insurance for Exchange Visitors regulations are attached to this request. **Please ensure the exchange visitor receives this information!** Additional information on EMU Health Insurance can be found on this web site <http://www.emich.edu/uhs/usinginsurance.html>

**Assistance:** The Department is responsible to assist the visitor with transportation from the airport and arranging for suitable housing.

**Initial Visit:** Upon arrival, each visitor is required to meet with an OIS advisor for an Initial Visit; please help the visitor contact OIS.

## J-1 Researcher Request – to be completed by the Host Department

Scholar's First Name:	Middle Name:	Last Name:
Category of Visitor while at EMU <input type="checkbox"/> Professor <input type="checkbox"/> Research Scholar		
Date of Program: from (mm/dd/yyyy)		to:
Professor/Collaborator in Department: <small>(who will work with this visitor)</small>		Phone: _____ Email: _____
Major Field & Description of Activity at EMU:		
Location of Activity:	Address of Activity:	
	City:	State:          Zip:

### Source of Funding for the Duration of Requested Visit

- EMU Department Funds \$ \_\_\_\_\_  
     Is Health Insurance provided by the Department?     yes     No  
     Will the scholar provide Health Insurance?     yes     No
- Scholar's Government: \$ \_\_\_\_\_
- Other Funds: \$ \_\_\_\_\_ Source: \_\_\_\_\_
- Personal/Family Funds: \$ \_\_\_\_\_

The Department is responsible to assist the visitor with transportation from the airport and arranging for suitable housing.

### All Requests must be approved by: 1) Department Head, and 2) Dean's Office or Representative

#### 1. Department Head

Signed: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Date: \_\_\_\_\_

#### 2. Dean's Office

Signed: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Date: \_\_\_\_\_

Name of Person to Contact when DS-2019 is ready for pick up:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please return completed forms *and* required attachments via email to [egunel@emich.edu](mailto:egunel@emich.edu)

**Or campus mail to:** Esther Gunel  
 EMU Office of International Students  
 244 Student Center

# J-1 Researcher Request – to be completed by the Visitor

## Purpose of Request:

- Initial DS-2019 request
- Transfer to EMU from another US Institution

Name of US Institution:	Transfer in Date:
Contact Person:	Phone Number:

## Have you been in J-1 or J-2 status sometime within the past 5 years?

- No  Yes - when: \_\_\_\_\_ Category: \_\_\_\_\_

If yes, copies of their DS-2019 must be attached with this request)

*Note: if you have visited the U.S. on J-1 Research Scholar or Professor category within the last 2 years, a new Research Scholar program may not be possible.*

## Name must be exactly as it appears on your Passport; please print clearly or type information

First Name:	Family Name	Middle Name:
Male <input type="checkbox"/> Female <input type="checkbox"/>	Birth Date: Month	Day Year
City of Birth:	Country of Birth:	
Country of Citizenship:	Country of Legal Permanent Residence	
Last Position in Home Country: <input type="checkbox"/> Bachelor's Student <input type="checkbox"/> Master's or Ph.D. Student <input type="checkbox"/> Employee		
If Employee, Job Title:		
Marital Status: <input type="checkbox"/> Yes <input type="checkbox"/> No	Children: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mailing Address:	Telephone Number: _____	
	Email Address: _____	

## Family Members who will accompany the visitor:

Name, exactly as on passport: First, Middle, Last,	Gender M/F	Date of Birth (mm/dd/yyyy)	City & Country of Birth	Country of Legal Permanent Residence	Country of Citizenship
Spouse:					
Child:					
Child:					
Child:					
Child:					

## Funding Requirements: Minimum funding requirements are:

- J-1 Living Expenses: \$18,000/yr (\$1500/month)
- J-2 Spouse Living Expenses: \$5,000/yr
- J-2 child Living Expenses, under 21 years of age: \$3,000/year for EACH child

## 22 C.F.R. § 62.14 Mandatory Health Insurance for Exchange Visitors

- (a) Sponsors shall require each exchange visitor to have insurance in effect which covers the exchange visitor for sickness or accident during the period of time that an exchange visitor participates in the sponsor's exchange visitor program.

**Minimum coverage shall provide:**

- (1) **medical benefits** of at least \$50,000 per accident or illness;
  - (2) **repatriation of remains** in the amount of \$7,500;
  - (3) expenses associated with **medical evacuation** of the exchange visitor to his or her home country in the amount of \$10,000; and
  - (4) a **deductible** not to exceed \$500 per accident or illness.
- (b) An insurance policy secured to fulfill the requirements of this section:
- (1) may require a **waiting period for pre-existing conditions** which is reasonable as determined by current industry standards;
  - (2) may include provision for **co-insurance** under the terms of which the exchange visitor may be required to pay up to 25 percent of the covered benefits per accident or illness; and
  - (3) shall not unreasonably exclude coverage for perils inherent to the activities of the exchange program in which the exchange visitor participates.
- (c) Any policy plan or contract secured to fulfill the above requirements must, at minimum, be:
- (1) Underwritten by an insurance corporation having an A.M. Best rating of "A-" or above, an Insurance Solvency International, Ltd. (ISI) rating of "A-" or above, a Standard and Poor's Claims-paying Ability rating of "A" or above, a Weiss Research, Inc. rating of B+ or above, or such other rating service as the Agency may from time to time specify; or
  - (2) Backed by the full faith and credit of the government of the exchange visitor's home country; or
  - (3) Part of a health benefits program offered on a group basis to employees or enrolled students by a designated sponsor; or
  - (4) Offered through or underwritten by a federally qualified Health Maintenance Organization (HMO) or eligible Competitive Medical Plan (CMP) as determined by the Health Care Financing Administration of the U.S. Department of Health and Human Services.
- (d) Federal, state or local government agencies, state colleges and universities, and public community colleges may, if permitted by law, self-insure any or all of the above-required insurance coverage.
- (e) At the request of a non-governmental sponsor of an exchange visitor program, and upon a showing that such sponsor has funds readily available and under its control sufficient to meet the requirements of this section, the Agency may permit the sponsor to self-insure or to accept full financial responsibility for such requirements.
- (f) The Agency, in its sole discretion, may condition its approval of self-insurance or the acceptance of full financial responsibility by the non-governmental sponsor by requiring such sponsor to secure a payment bond in favor of the Agency guaranteeing the sponsor's obligations hereunder.
- (g) **An accompanying spouse or dependent of an exchange visitor is required to be covered by insurance in the same amounts** [as the principal].

Sponsors shall inform exchange visitors of this requirement, in writing, in advance of the exchange visitor's arrival in the United States.

- (h) An exchange visitor who **willfully fails to maintain** the insurance coverage set forth above while a participant in an exchange visitor program or who makes a material misrepresentation to the sponsor concerning such coverage shall be deemed to be in violation of these regulations and shall be subject to termination as a participant.

- (i) A sponsor shall terminate an exchange visitor's participation in its program if the sponsor determines that the exchange visitor or any accompanying spouse or dependent willfully fails to remain in compliance with insurance requirements.