J-1 Student Intern – Request for DS-2019

This packet is to be used by EMU departments who wish to host a J-1 Student Intern for duration up to 12 months. The internship can be paid or unpaid. 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 Intern to complete and another for the host department. All supporting documents MUST accompany the request. Please note:

- Processing time for DS-2019 requests is 7-10 business days
- Complete 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:

- Invitation Letter from host department or College
- Proof of funding, if funded other than by EMU
- Passport Identity Page, photocopy
- Passport Identity Page photocopy for all dependents requiring a DS-2019, photocopy
- **Federally mandate English language proficiency [22 CFR 62.10(a)(2)]:** an official English language test score, or an oral interview report from the ESL Program at EMU (see below)**

**Student Intern:** EMU is authorized to host J-1 student interns who are currently enrolled and pursuing a degree at a postsecondary academic institution outside the United States, whose U.S. internship will “fulfill the educational objectives for his or her current degree program at the home institution.” Intern’s program must be full-time (minimum 32 hours per week). Host department must complete DS-7002 Training/Internship placement plan.

**English Language Skills:** The host department must provide validation that a scholar has **sufficient English proficiency** to undertake the program. This validation can be in the form of an official English language test score (iBT, IELTS, PTE, MELAB), or an “Oral Interview Report of English Proficiency” (from the EMU ESL Program).

**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. The scholar will be given an enrollment form at immigration check-in when they arrive on campus. Coverage is arranged by the University Health Services. Details of 22 C.F.R. § 62.14 “Mandatory Health Insurance for Exchange Visitors” regulations are attached to this request. **Please ensure the scholar receives this information!**

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

**Initial Visit:** Upon arrival, each intern is required to meet with an OIS advisor to process SEVIS check-in; please help the intern to arrange a meeting with OIS.

Note: If a scholar is unable to come on the arrival date listed on the DS-2019, the host department must inform the OIS to defer the program. The record will be invalid in 30 days of the program start date; it is critical to update the record.
# J-1 Student Intern Request – to be completed by the Host Department

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<tr>
<th>Intern’s First Name:</th>
<th>Middle Name</th>
<th>Last Name</th>
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<th>Date of Program: from (mm/dd/yyyy) to:</th>
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<th>Professor/Collaborator in Department: (who will work with this visitor)</th>
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<td>Phone: ______________________</td>
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<td>Email:</td>
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<th>Major Field &amp; Description of Activity at EMU:</th>
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<th>Location of Activity:</th>
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## Source of Funding for the Duration of Requested Visit

- ☐ EMU Host Department Funds $_________ for the purpose of _________________________
- ☐ Health Insurance
  - a. Is Health Insurance provided by the Host Department? ☐ yes ☐ No
- ☐ Will the intern purchase EMU Health Insurance coverage? ☐ yes ☐ No
- ☐ Intern’s Government Funds: $_____________
- ☐ Other Funds: $ ___________________ Source: ________________________________________
- ☐ Personal/Family Funds: $______________________

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

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

Name: _______________________________ Phone: _______________________________

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Please return completed forms (host department & scholar) and required documents via email to egunel@emich.edu

Or campus mail to: Esther Gunel
EMU Office for International Students and Scholars
240 Student Center
J-1 Student Intern Request – to be completed by the Intern

Have you been in J-1 or J-2 status sometime within the past 3 years?

- [ ] No
- [ ] Yes - when: _______________________ category: ________________________________
  (If yes, copies of the DS-2019 must be attached with this request)

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

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<thead>
<tr>
<th>First Name:</th>
<th>Family Name:</th>
<th>Middle Name:</th>
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<tr>
<td>Male [ ]</td>
<td>Female [ ]</td>
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<td>Birth Date:</td>
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<td>Month</td>
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City of Birth: Country of Birth: 
Country of Citizenship: Country of Legal Permanent Residence:

Student category in Home Country:
- [ ] Bachelor’s
- [ ] Master’s
- [ ] Ph.D.

Current Field of Study: 

Marital Status: [ ] Yes [ ] No
Children: [ ] Yes [ ] No

Mailing Address: Telephone Number: ____________________________
Email Address: _________________________________

Family Members who will accompany the Intern:

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<tr>
<th>Name, exactly as on passport: First, Middle, Last,</th>
<th>Gender M/F</th>
<th>Date of Birth (mm/dd/yyyy)</th>
<th>City &amp; Country of Birth</th>
<th>Country of Legal Permanent Residence</th>
<th>Country of Citizenship</th>
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(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.