

Request for UVA to Sponsor a J-1 Exchange Visitor

This form is for use by UVA faculty and staff only (revised 3/3/2011)

Please submit this request no less than 30 days before the proposed start date of the exchange visitor's program.

Please check appropriate box:

- Sponsor a new J-1 visitor**
- Program Extension**
- Transfer** to UVA another institution's J-1 program.

Please check here if you prefer to pick up the DS-2019 packet from the ISO when it is ready.

Information about the J-1 Visitor

Last (Sur)name: _____

First (Given) Name: _____

Middle Name: _____

Names should be spelled exactly as they appear in the foreign national's passport.

Sex: Male Female Date of birth (MM/DD/YY) _____ City of birth _____

Country of birth _____ Country of citizenship _____

Country of legal residence _____ Position and/or title abroad _____

Email address _____

Current U.S. address (if any) _____

- This J-1 visitor will have incidental patient contact.
- This J-1 visitor will be accompanied by dependent family members.

Complete and attach J-2 Dependents Addendum.

UVA Host Department Information

Host department _____ Host department's UVA POB _____

J-1 visitor's UVA faculty host _____ J-1 visitor's UVA title _____

Appointment dates * _____ (i.e. "Research Associate") _____

***Periods of 6 months or less will limit scholars to the "Short-Term Scholar" category without the possibility of extension beyond 6 months total duration. If there is the possibility that further extension may be desirable contact the ISO.**

Name of person completing this form _____

Phone number _____ Email address _____

Current J-1 Visitors Wishing to Transfer to a UVA J-1 program

*** Please attach a completed Transfer In form**

Name of institution sponsoring current J-1 program _____

Information regarding the Responsible Officer at the other institution (the J-1 visitor should have this information):

Name _____ Telephone _____ Email _____

Funding Information

Minimum funding for a department to sponsor a J-1 nonimmigrant is \$1,550 per month. In addition, minimum funding for each J-2 dependent is \$500 per month. If UVA is not providing sufficient funding, attach evidence that the visitor will have sufficient funding on hand to make up the difference. Evidence may include a bank statement and/or an official award letter from an outside funding source. Please indicate total funding available for the duration of the exchange visitor's program. All currency should be converted to U.S. dollars.

| | |
|---|--|
| Amount from UVA host department | |
| If UVA funding indicate PTAE0 | |
| If UVA funding indicate type (i.e. salary, hourly, stipend, honorarium) | |
| Amount from U.S. government paid to J-1 visitor | |
| Amount from J-1 visitor's home country government | |
| Amount from J-1 visitor's home institution | |
| Amount from J-1 visitor's personal funds | |
| Other - Specify: | |
| Total | |

Insurance Information

All J-1 and J-2 visitors must maintain medical insurance. The minimum medical insurance requirements are available on the ISO's website. The usual insurance package provided by UVA exceeds the minimum standards.

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|--|
| Will the J-1 visitor be eligible for UVA's comprehensive benefits package? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|

Required Enclosures

| For new J-1 requests: | For J-1 program extensions: |
|---|--|
| 1) A photocopy of the visitor's and family members' passports, showing full names and photo. 2) A copy of the invitation letter furnished to the J-1 visitor; 3) A brief description of the J-1 visitor's planned activities; 4) The J-1 visitor's CV; 5) Supporting documents for proof of funding from all sources listed above; 6) The SOM Volunteer Form (if applicable); 7) Signed statement by the dean's office of Incidental Patient Contact (if applicable). | 1) Proof that the J-1 visitor and any J-2 visitors possess adequate medical insurance coverage; 2) Copies of all supporting documents for proof of funding from all sources listed above. 3) If transferring, a completed "J-1 Transfer IN Form." <i>*For SOM extension requests</i> 4) copies of all previous DS-2019 forms |
| <i>For J-1 visitors transferring in to UVA from another institution please enclose items from both columns above.</i> | |

Host Department and Dean's Office Signatures

| Signatory | Name | Signature | Date |
|------------------------|-------|-----------|-------|
| Host Department Chair | _____ | _____ | _____ |
| Dean's Office | _____ | _____ | _____ |
| Other Department Chair | _____ | _____ | _____ |