



J-1 EXCHANGE VISITOR Department Request

Overview

This form is for the purpose of requesting a DS-2019 Form (i.e. legal document required for Exchange Visitor visa) and needs to be filled out by the sponsoring department of the J-1 Exchange Visitor applicant.

Federal regulations pertaining to maintenance of non-immigrant status allow little room for mistakes; thus, it is imperative that the hosting Department and the International Students and Scholar Services (ISSS) work together to help Drexel University J-1 Exchange Visitors with their responsibility of maintaining their legal status during their stay in the United States. For this purpose, ISSS office has established minimum processing time for issuing appropriate paperwork for inviting J-1 Exchange Visitor as well as the paperwork for maintaining their legal stay once they are here.

NOTE 1: ISSS will need at least one month (1) month to review and issue the required DS-2019. Therefore, it is highly recommended that the application along with the required documents be submitted to ISSS in a timely manner. Additionally, ISSS will not endorse any DS-2019 more than **90 days** prior to the program start date.

NOTE 2: The appointment of the exchange visitor must be approved by the Dean of the College/Department Head.

Department Information

Department: _____

Address Line 1: _____ Address Line 2: _____ (Apt/Floor)

City: _____ State/ Province: _____ Postal Code: _____

UPS Shipping Information

Funds: _____ Org #: _____

Administrative Contact Person

Last Name: _____ First Name: _____

Email Address: _____ Tel: _____ - _____ - _____ Fax: _____ - _____ - _____

Scholar's Information

Last Name: _____ First Name: _____ Middle Name: _____

Length of Stay: From ____/____/____ (mm/dd/yyyy) to ____/____/____ (mm/dd/yyyy)

Proposed Scholar Category

- Professor (minimum of three weeks/ maximum of five years)
- Research Scholar (minimum of three weeks/ maximum of five years)
- Short-Term Scholar (maximum of six months)

Field/Activity Code

Please use the following link to identify: (1) the exact **Subject field of study**, (2) the **CIP code (i.e. Classification of Instructional Programs)**, and (3) to give a **brief description** of the **proposed activity** of the Exchange Visitor (please click [here](#) to get to the CIP search webpage):

- Field of study, research, or professional activity: _____



Classification of Instructional Programs (CIP) code:

You can check her for more information how to get the most appropriate CIP code. <https://nces.ed.gov/ipeds/cipcode/Default.aspx?y=55>

Brief Description of proposed academic activity (i.e. research in DNA replication, observe thoracic surgery, teach classical studies, etc.):

***Note: Unless the exact field code, field of study, and short description are provided, the DS-2019 form request will not be processed.**

Financial Support Information

J-1 Exchange Visitors are required to show proof of financial support for the duration of the J-1 program participation. Estimated Living Expenses (**per month**) are as follows (please check the boxes if the expenses are covered):

J-1 Exchange Visitor	\$2,000
Spouse	\$600
Child	\$400

Please attach an official copy of the departmental appointment/ award letter (the award letter should specify the length of sponsorship and the amount of money provided, living expenses, insurance, dependents, and other personal items) and indicate the estimated financial support (in U.S. Dollars). If the appointment/award will not cover all necessary expenses, the Scholar may use private-sponsorship or self-sponsorship for the remainder amount translated in English and the available funding in U.S. dollars.

All financial documents must be current at the time of application (not older than 6 months) in order to be considered valid. Appropriate documents reflecting financial ability include, but are not limited to the followings (please check the boxes if the document is being submitted along with this application):

- Bank statement (stamped or signed by a bank official)
- Account summary or summary of liquid assets
- Affidavit of support (submitted by sponsor and accompanied by financial verification)
- Scholarship letter from sponsoring organization outlining dates and terms of scholarships
- Letter from employer stating earning for period of requested stay

Please indicate the estimated financial support (in U.S. Dollars):

Drexel University	\$ _____	Description: _____
International Organization	\$ _____	Description: _____
Home Government Funding	\$ _____	Description: _____
Private Organization/ Employer	\$ _____	Description: _____
Personal Funds	\$ _____	Description: _____



To be Completed by the J-1 Exchange Visitor's Immediate Supervisors at Drexel

Please read and check the boxes: To be completed by the J-1 Exchange Visitor's supervisor at Drexel:

- I understand that the law requires J-1 Exchange Visitor and their dependents to hold health and accident insurance, while participating in the program. I understand that if the J-1 Exchange Visitor does not purchase insurance effective immediately upon arrival in the U.S., the J-1 Exchange Visitor will be terminated from this J-1 program and that ISSS will notify the U.S. Department of State of the termination.
- I will notify ISSS if the J-1 Exchange Visitor will not be able to arrive by the program start date listed on the DS-2019 Form.
- I will notify ISSS if the J-1 Exchange Visitor will not be participating in this program.
- I will notify ISSS if the J-1 Exchange Visitor completes his/her program participation before the scheduled end of the program as stated on the DS-2019 Form and will submit the J-1 Exchange Visitor Early Departure Form.
- I understand that the J-1 Exchange Visitor must consult with ISSS prior to agreeing on any changes to his/her original agreement (i.e. changes in research activity, funding, etc.)
- I also understand that:
 - (1) The J-1 Exchange Visitor must visit ISSS office and complete the **Check – In** form upon arrival in the U.S. and no later than 10 days after the program start date stated on the DS-2019 Form;
 - (2) I am responsible for ensuring that the J-1 Exchange Visitor reports to ISSS timely; and,
 - (3) The J-1 Exchange Visitor's failure to report to ISSS may result in the termination of his/her J-1 Exchange Visitor program participation at Drexel University.
- I understand that I am responsible for completing and submitting the **Non-Employee Associate** form to Human Resources office for the J-1 Exchange Visitor.

Note: Application will not be processed without the appropriate signatures.

Exchange Visitor's NAME:			
_____	_____	_____	
Last	First	Middle	
X _____ / ____ / ____			
Drexel Supervisor's Signature	Print Name	Date (mm/dd/yyyy)	Phone Extension

For any questions on the above please contact ISSS at iss@drexel.edu or +1 (215) 895.2502

ISSS Use Only	
Initials (RO/ARO) _____	SEVIS Processing Date: ____/____/____ (mm/dd/yyyy)