



J-1 Request Form for Scholars

Please allow one week for processing once all required documents are received.

Family Name <i>Please enter your name as it appears in your passport.</i>		First Name	
Middle Name		Gender	[] Male [] Female
Date of Birth (month/day/year)		City of Birth	
Country of Birth		Country of Citizenship	
Country of Legal Permanent Residence		Position/Occupation in Home Country	

Dates Covered by this Request

From (month/day/year)		To (month/day/year)	
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Purpose of this Request

- [] New J-1 (for someone not currently in J-1 status), accompanied by _____ (#) dependents
- [] Extend Georgetown-sponsored J-1: includes _____ (#) dependents
- [] Transfer to GU J-1 visa - Current sponsor: _____ (Attach copies of I-94 & DS-2019s)

Activity at Georgetown

- [] **Short-Term Scholar** – Use this category for research or teaching for stays of 6 months or less. Extensions/transfers beyond 6 months are not possible.
- [] **Professor** – Use this category for teaching (and some research) for stays of more than 6 months up to 5 years. There is a 2 year bar on repeat participation in the Research Scholar and Professor categories (so choose Short-term if definitely staying less than 6 months). Extensions/transfers are possible only if held J-1 less than 5 years.
- [] **Research Scholar** – Use this category for research (and some teaching) for stays of more than 6 months up to 5 years. There is a 2 year bar on repeat participation in the Research Scholar and Professor categories (so choose Short-term if definitely staying less than 6 months). Extensions/transfers are possible only if held J-1 less than 5 years.
- [] **Specialist** – Use this category for observing U.S. institutions and sharing techniques. There is a 1 year limit.

One sentence summary of research topic and/or teaching responsibilities at Georgetown:

Department Name: _____

Campus: [] Main [] Law [] Medical

Financial Support for Duration of Program

Provide documentation, in English, of funding for any non-Georgetown financial support (grant award letters, letters from home employer, bank statements, etc.)

- [] a. \$ _____ per _____ Georgetown Funding
- [] b. \$ _____ per _____ U.S. government agency
(name: _____)
- [] c. \$ _____ per _____ International Organization (name: _____)
- [] d. \$ _____ per _____ Home Government
- [] e. \$ _____ per _____ Binational Commission of the visitor's country
- [] f. \$ _____ per _____ All other organizations
(name: _____)
- [] g. \$ _____ per _____ Personal Funds

NOTE: Federal regulations require that a J-1 submit evidence of the ability to provide minimum living expenses for him/herself and any dependents in the United States while affiliated with Georgetown University. The minimum level of funding per month is \$2,188 if he/she is coming without dependents. An additional \$730 per month is needed for the spouse and \$365 per child.

Additional Information about the Exchange Visitor

Current Address <i>(DS-2019 Form will be mailed to this address)</i>			
Address Valid Until		Telephone	
Email			
Prior stays in J status (if applicable)	[] J-1 [] J-2	Date for Either Status	
Prior J Category			
Will you be visiting other schools or universities while at Georgetown?	[] No [] Yes, If yes, please give names and dates below:		

Complete this section *only* if currently in the United States:

Current Non-Immigrant Status		Status Expiration Date	
I-94 Card Number			

Dependent Information

List any dependents (husband, wife, unmarried children under the age of 21) that will come with you to the United States in J-2 status. Please also include a copy of the biographic page of the passport for each dependent. If you would like dependents to join you later, please contact your international advisor after your arrival.

Spouse					
Family Name		First Name		Middle Name	
Gender		Date of Birth (mm/dd/yy)		Country of Citizenship	
City of Birth		Country of Birth		Country of Perm. Residence	

Child 1					
Family Name		First Name		Middle Name	
Gender		Date of Birth (mm/dd/yy)		Country of Citizenship	
City of Birth		Country of Birth		Country of Perm. Residence	

Child 2					
Family Name		First Name		Middle Name	
Gender		Date of Birth (mm/dd/yy)		Country of Citizenship	
City of Birth		Country of Birth		Country of Perm. Residence	

Child 3					
Family Name		First Name		Middle Name	
Gender		Date of Birth (mm/dd/yy)		Country of Citizenship	
City of Birth		Country of Birth		Country of Perm. Residence	

Information about the Department

J-1 Scholar Position Title					
Location where research and/or teaching will take place (street address, not PO Box)					
Host Professor/Supervisor				Telephone Extension	
Department Administrative Contact				Telephone Extension	

Information on Mandatory Insurance Requirements

- Check one:
- This individual will be eligible for participation in the insurance plans offered by Georgetown to its employees.
 - This individual will not be covered by the Georgetown health plans. Instead he/she will obtain insurance independently.

All J-1 non-immigrants must maintain health insurance that is valid throughout their period of stay in J-1 status. As mandated by Federal law, this insurance must cover up to \$50,000 in medical expenses (minimum) for the J-1 and any J-2 dependents. If a J-1 and/or any accompanying dependents do not have sufficient medical insurance from abroad, and do not qualify for participation in one of the GU employee plans, it must be purchased in the United States. Please note: scholars are required to provide proof of health insurance coverage to OIP following arrival.

Instructions regarding mailing of the DS-2019

- New J-1: Send via FEDEX (Preferred for J-1 programs starting within 2 months.)
FEDEX account # _____, **Cost Center** _____
- Mail the DS-2019 directly to the Exchange Visitor via U.S. mail or Airmail to address on pg. 2
- Call department for pick-up of the DS-2019: _____ (name & extension)

Address form(s) are to be sent to (if different from address on pg. 2):

Extensions: Call the J-1 status holder at _____ to arrange for final processing of the extension.

Please check one:

- Scholar will be coming to Georgetown doing his/her own independent research.
- Scholar will be engaged in formal Georgetown activities (research and/or teaching), and the host Department has ascertained (via phone conversation prior to working relationship, Skype interview, etc.) that the scholar has the qualifications and English language skills to fully participate in the program.

Department Declaration

In compliance with federal regulations governing the J-1 Exchange Visitor Program, we certify that, to the best of our knowledge, the information contained in this request form is true and accurate. Furthermore, we certify:

- 1) We have verified that the individual has the financial support listed on the application, that these resources are adequate to complete the program and to support the individual and any accompanying dependents in accordance with the amounts on page 2 of this form.
- 2) That the individual's program of research/teaching is consistent with his/her professional background and experience; and
- 3) That he/she has sufficient proficiency in the English language to participate in the program.

As the University sponsor of the scholar, we agree that we will:

- 1) Ensure that the scholar attends orientation at OIP **within 30 days** of the start date of the DS-2019;
- 2) Ensure that the scholar's activities at Georgetown are consistent with the objectives listed on his/her DS-2019;
- 3) Monitor the progress and welfare of the scholar, providing any assistance/advice needed to facilitate the successful completion of the program;
- 4) Ensure that the scholar obtains and maintains a health insurance policy for him/herself and his/her dependents for the duration of his/her J-1 program at Georgetown;
- 5) Notify the OIP of any changes in the scholar's address or program including employment or payment not listed on the scholar's DS-2019 **within 10 days** of such a change; and
- 6) Notify OIP in writing when the scholar has completed or withdrawn from the program prior to the ending date on his/her DS-2019.

If this J-1 request is submitted for a Foreign Medical Graduate, the program meets the following requirements:

- 1) The program is predominantly involved with observation, consultation, teaching, or research.
- 2) Any incidental patient contact will be under the direct supervision of a U.S.-licensed faculty member.
- 3) The Foreign Medical Graduate, will not be given final responsibility and decision-making on diagnosis and treatment of patients;
- 4) Any activities of the Foreign Medical Graduate will conform to State regulations or licensing requirements for medical health care professions in the State in which the Foreign Medical Graduate is pursuing the program; and
- 5) Any experience gained in this program will not be creditable towards any clinical requirements for medical specialty board certification.

Required Signatures

Please note this request cannot be processed without all required signatures.

Department administrator: _____

Date: _____

Supervisor/Host professor: _____

Date: _____

Department Chair: _____

Date: _____

Attachments

Medical Center:

- CV and diplomas with English translation
- Copy of official offer letter, if paid by GU
- Financial documentation, if not paid or only partially paid by GU
- Copy of biographic page of passport

Main Campus & Law Center:

- CV
- Copy of appointment letter or invitation letter
- Financial documentation, if not paid or only partially paid by GU
- Copy of biographic page of passport

All Extensions:

- Copy of extended appointment letter or invitation letter
- Financial documentation, if not paid or only partially paid by GU
- Proof of health insurance

Submit completed, signed form and all required attachments to:

Sandra Layton, Office of International Programs, Car Barn Suite 210

Scanned copies accepted: sgj@georgetown.edu

Fax. 202.687.5944

Financial Supplement

Federal regulations require applicants for J-1 status who are not paid by Georgetown University to submit evidence of financial resources for the proposed period of teaching or research. A J-1 scholar must demonstrate a minimum of \$2,188 per month for living expenses. If J-2 dependents will accompany the scholar, an additional \$730 per month is needed for the spouse and \$365 for each child.

Financial documentation should be submitted to the GU department with the employee portion of the J-1 Request Form. Original financial documentation is NOT required. Both the form and the financial documentation may be sent to the GU host department via postal mail, email, or fax. All official documentation (bank letters, sponsorship letters, etc.) must be issued on official letterhead.

OIP will accept the following types of financial documentation:

- **Documentation of Personal Funds:** A letter or a recent bank statement (less than six months old) from the financial institution in which you have funds. The letter or bank statement should be **in English** and indicate the present balance in numeric figures. (Please see sample letter below) We are unable to accept computer printouts from online banking sites.
- **Documentation of Family Funds:** A letter of support from an individual who intends to provide for your expenses. The letter must be **in English** and indicate the amount of funds to be provided and the duration of the support (Please see sample letter below). A recent bank statement (less than six months old) or a letter **in English** from the financial institution in which your family member has funds must also be provided.
- **Documentation of Funds from a Sponsoring Organization:** A letter from a sponsoring organization **in English** that indicates the amount of funds to be provided to you and the duration of the award.
- **Documentation of Monthly Salary:** A letter from your current employer **in English** stating your monthly salary **and confirming that you will continue to receive this salary** during your period of research or teaching at Georgetown.

<u>Sample Letter from Relative</u>	<u>Sample Letter from Bank</u>
<p>Date</p> <p>Georgetown University Office of International Programs 3520 Prospect Street, NW, Suite 210 Washington, DC 20057-1013</p> <p>Dear Sir/Madam:</p> <p>Please be advised that I, Mr. John Smith, father of prospective Georgetown J-1 scholar Jane Smith, will be financially responsible for my daughter’s living expenses for the duration of her J-1 status at Georgetown University. I will provide US \$26,256 during her stay in the United States.</p> <p>Sincerely,</p> <p>John Smith</p>	<p>Date</p> <p>Georgetown University Office of International Programs 3520 Prospect Street, NW, Suite 210 Washington, DC 20057-1013</p> <p>Dear Sir/Madam:</p> <p>Our records indicate that Mr. John Smith has a personal account with our bank and maintains a current balance of US \$50,000.</p> <p>Sincerely,</p> <p>Robert Brown Bank Manager</p>