

## J-1 Exchange Visitor Request Form

### SEVIS J-1 EXCHANGE SCHOLAR VISITOR

- J-1 Researchers and Professors may not pursue a degree and be registered for full time hours at Alabama Agricultural and Mechanical University (AAMU).
- J-1 exchange visitors must ensure compliance with J-1 visa federal requirements and must have health insurance. It must include medical evaluation and repatriation.
- The United States Department of State limits participation of a J-1 Exchange Visitor in the Researcher and Professor categories in consecutive J-1 programs under the 24 month bar and 12 month bar.
  - The 24 month bar on repeat participation applies to a J Professor or Research Scholar who has participated and completed previous J-1 Exchange Program and wishes to begin a new J-1 Exchange Program. In this case, the Exchange Visitor must wait for two years before beginning a new J-1 Program as a J-1 Professor or Research Scholar.
- The U.S. Department of State indicates a J-1 Exchange Visitor may participate in a tenure tract position as long as he/she is not a candidate for tenure.
- An Exchange Visitor may transfer from one program sponsor to another if the purpose of the transfer is to complete the objective for which he/she was admitted to Exchange Visitor status, and if the Exchange Visitor remains in the same category. It is recommended that the transfer request be submitted at least 30 days prior to the DS-2019 program expiration date and the proposed consecutive starting date with the new sponsor to allow for processing of paperwork. Any employment under the new sponsor may not commence until the Exchange Visitor receives a DS-2019 from the new sponsor.
- Some J-1 Exchange Visitors and their dependents are subject to the two year home country physical presence requirement. Exchange Visitors subject to this requirement are prohibited from changing to any other non-immigrant or immigrant status unless they first obtain a waiver of the requirement. Once the waiver of the two year home country physical presence requirement is received from the U.S. Department of State, the J-1 Exchange Visitor is no longer eligible for J-1 program extensions.
- All J-1 Exchange Visitors, once in the United States, must schedule mandatory orientation appointment with [location to be determined].

The following information is required in order to facilitate issuance of the federally required DS-2019 Form, the Student and Exchange Visitor Information System (SEVIS) document(s) necessary to obtain the J-1 visa. Please complete all questions. If a question does not apply, write N/A for not applicable. Correct spelling is very important. Ensure that all names appear exactly as shown on your passport.

- Please email this completed form to Ms. Karen McDavis, RO, or Ms. Michele Wesson, ARO at [karen.mcdavis@aamu.edu](mailto:karen.mcdavis@aamu.edu) or [michele.wesson@aamu.edu](mailto:michele.wesson@aamu.edu).

**PART I: TO BE COMPLETED BY PROSPECTIVE J-1 EXCHANGE VISITOR**

**A. PERSONAL INFORMATION**

Name \_\_\_\_\_  
First/Given Middle Last/Family

Phone Number \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Number/Street

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Male \_\_\_\_\_ Female  
MM/DD/YYYY

Country of Citizenship \_\_\_\_\_ Legal Resident Country \_\_\_\_\_

City **and** Country of Birth (place of birth) \_\_\_\_\_

Position in home country (be specific) \_\_\_\_\_  
(Example: Student, University Professor, Researcher, Government Employee, etc.)

Level of Education & Degree (example: Ph.D. in Physics) \_\_\_\_\_

Email Address \_\_\_\_\_

**B. FUNDING INFORMATION**

Adequate funding must be documented in order to be eligible for the J-1 Exchange Visitor Program. Travel funds and monthly living expenses can come from a single or multiple sponsors and must equal at least \$1,500 per month or \$18,000 per year, plus an additional \$500 per month for any J-2 dependents. Please list all funding from government, personal, employer, scholarship, or other sources below. Do not list sponsorship from Alabama A&M University. It will be listed on departmental request materials. Include source, amount (specifying currency) and attach documentation of funding for all non-AAMU support:

Funding Source \_\_\_\_\_ Amount \_\_\_\_\_

Funding Source \_\_\_\_\_ Amount \_\_\_\_\_

Funding Source \_\_\_\_\_ Amount \_\_\_\_\_

Funding Source \_\_\_\_\_ Amount \_\_\_\_\_

**C. INSURANCE INFORMATION**

All participants of the J Exchange Visitor Program are required to have medical insurance that covers the Exchange Visitor and all accompanying family members for the entire period of stay and/or expected period of J-1 program participation in the United States. Exchange Visitors must maintain medical, evacuation and repatriation insurance coverage as listed below. Your SEVIS record will not be validated until you provide evidence of insurance coverage. Health insurance for all J-1 and J-2 Visa holders must include (amounts are in U.S. dollars):

- Medical benefits of at least \$50,000 per person per accident or illness
- A deductible not to exceed \$500 per accident or illness
- Expenses associated with the medical evacuation of the Exchange Visitor to his/her home country in the amount of \$10,000
- Repatriation of remains in the amount of \$7,500
- Exchange Visitors may also be subject to the requirements of the Affordable Care Act

To comply with the regulation, the Office of Student Affairs must receive a copy of the medical insurance card or policy showing validity dates and coverage terms. **Please note, failure to obtain or keep adequate health coverage during the entire duration of the exchange will result in the termination of the Exchange Visitor's program.** A willful failure to maintain insurance requirements is considered to be a violation of the Exchange Visitor Program and may result in immediate termination of your program participation.

I hereby certify that I am aware of the health insurance requirement and that my dependents, if applicable, and I will comply with the health insurance requirement. Furthermore, I understand that I must provide proof of insurance for health, repatriation and evacuation when I report for my mandatory scheduled orientation. Insurance will be purchased for the entire period of my J-1 program as indicated on the DS-2019 Form. I understand that my program participation will not begin until I provide this information.

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Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**D. DEPENDENT INFORMATION**

Adequate funding must be documented in order for AAMU to issue form DS-2019 for eligible dependents to obtain J-2 dependent visas. AAMU requires documentation of a minimum of an additional \$500 a month or \$6000 per year for EACH dependent (spouse or children **under 21**).

How many family members will accompany you? \_\_\_\_\_

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**Spouse (J-2) Name as written on passport:**

Name \_\_\_\_\_  
 First \_\_\_\_\_ Middle \_\_\_\_\_ Family or Last Name \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
 Country of Citizenship \_\_\_\_\_ Legal Resident Country: \_\_\_\_\_  
 City and Country of Birth \_\_\_\_\_

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**Child (J-2) Name as written on passport:**

Name \_\_\_\_\_  
 First \_\_\_\_\_ Middle \_\_\_\_\_ Family or Last Name \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
 Country of Citizenship \_\_\_\_\_ Legal Resident Country: \_\_\_\_\_  
 City and Country of Birth \_\_\_\_\_

**Child (J-2) Name as written on passport:**

Name \_\_\_\_\_  
First Middle Family or Last Name

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Male \_\_\_\_\_ Female

Country of Citizenship \_\_\_\_\_ Legal Resident Country: \_\_\_\_\_

City and Country of Birth \_\_\_\_\_

[If additional space is needed, please attach information on a separate sheet.]

**E. PREVIOUS VISA HISTORY**

1. Are you now, or have you ever been in the U.S. on a J-1 visa? \_\_\_\_\_ Yes \_\_\_\_\_ No
2. Have you held a J-1 or J-2 immigration status at any time in the past 12 months? \_\_\_\_\_ Yes \_\_\_\_\_ No

Give dates and locations of all previous visits in last two years.

Indicate time period [i.e. from \_\_\_\_\_ to \_\_\_\_\_ (date of departure from U.S.)]

Use separate sheet if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

[Attach copies of all DS-2019 Forms: **if currently in U.S., also attach copy of I-94.**]

3. Have you ever been in the U.S. in any other nonimmigrant OR immigrant status before?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Please list visa status, dates and locations of all previous visits.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

[Attach copies of approval notices, passport visa pages or Alien Registration Cards.]

**F. CURRENT ADDRESS IN THE U.S.**

1. Are you currently in the U.S.? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, what is your visa type? \_\_\_\_\_

**If currently in the U.S., please provide copies of your current visa and I-94 document and I-797 notice.**

U.S. Home Address:

\_\_\_\_\_  
(Street, building, apt., etc.)

State/Province/Territory: \_\_\_\_\_ City: \_\_\_\_\_

Country: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Email Address: \_\_\_\_\_

**If currently on a J-1 visa and plan to transfer to AAMU, the J-1 Transfer in form must be attached.**

**G. ADDRESS OUTSIDE OF THE U.S.**

Home Address:

\_\_\_\_\_  
(Street, building, apt., etc.)

Province or State: \_\_\_\_\_ City: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_ (including international calling code)

To what address do you want the DS-2019 Form mailed?

Same as in Section A  Same as Section F  Same as Section G

(Please note, Federal Express will not deliver to P.O. Boxes.)

Mailing Address (if different):

\_\_\_\_\_  
(Street, building, apt., etc.)

Province or State: \_\_\_\_\_ City: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**H. AAMU HOST DEPARTMENT NAME**

Faculty Name: \_\_\_\_\_ Email: \_\_\_\_\_

**I. ATTESTATION OF PROGRAM REQUIREMENTS AND AAMU CODE OF CONDUCT**

I have been made aware of the Federal Requirements for health insurance set forth by the Department of State, Bureau of Educational and Cultural Exchange Program participants. According to regulations found on Page 287-288 of the Code of Federal Regulations (Title 22 – FOREIGN RELATIONS, Volume 1 Chapter I – DEPARTMENT OF STATE, Part 62 – EXCHANGE VISITOR PROGRAM, Subpart A – General Provisions, Section 62.14 Insurance] (Final Rule CITE: 22CFR62.14), I understand that I have to meet all the requirements for myself and all my family members to maintain status and I intend to do so. I understand that if I do not comply with these regulations while a participant in the Cultural Exchange Program at Alabama A&M University, the Responsible Officer is required to notify the Department of State (DOS) Student Exchange Visitor Information System (SEVIS) of my (as well as my dependents) continued willful non-compliance and terminate my participation in the program. I agree to purchase appropriate health insurance for myself and any dependents to satisfy the federal requirements of the J-1 Exchange Visitor Program upon my arrival on campus.

Furthermore, I agree to comply with federal, state, and local laws as well as abide and comply with the policies and procedures of Alabama A&M University ([www.aamu.edu](http://www.aamu.edu)).

Name (printed): \_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_\_

**AAMU Department Checklist**

1. Completed and signed J-1 Exchange Visitor Request Form
2. Copy of scholar's CV/Resume
3. Copy of scholar's Passport Biographic Data Page and scholar's dependents, if any
4. Financial supporting documents
5. Letter from the College Dean or Vice President acknowledging/granting permission for the scholar to come
6. Invitation letter from the Department Chair, College Dean, or Vice President to the scholar
7. Transfer in form, if necessary

The AAMU department must mail the completed J-1 visa packet to the Exchange Visitor in his/her home country via courier services such as DHL or FedEx.

**PART II: TO BE COMPLETED BY THE AAMU INVITING/SPONSORING DEPARTMENT  
EXCHANGE VISITOR'S PROGRAM INFORMATION**

Department \_\_\_\_\_

College/Division \_\_\_\_\_

Project Date (MM/DD/YY to MM/DD/YY) \_\_\_\_\_

J-1 visa category (i.e. Professor/Researcher/Scholar, etc.) \_\_\_\_\_

Academic disciplinary field of instruction/research/study \_\_\_\_\_

Title of J-1 position at AAMU \_\_\_\_\_

Briefly describe the activity that the Exchange Visitor will engage in under this program:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Financial Arrangements as per federal regulations must cover the requested period of stay indicated above. The minimum amount of funding must total \$1,500 per month for the J-1 visitor plus an additional \$500 per month for each J-2 dependent. Supporting documentation must be attached to this request form. All documents must be in English and include the U.S. currency. DS-2019 forms will not be issued without complete documentation supplied first.

Funding Source/Organization: \_\_\_\_\_ Amount \_\_\_\_\_

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Funding Source/Organization: \_\_\_\_\_ Amount \_\_\_\_\_

**AAMU Department Contact Information (to whom the Exchange Visitor will report):**

Name \_\_\_\_\_  
First/Given Middle Last/Family

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Academic Department \_\_\_\_\_

Administrative Assistant \_\_\_\_\_ Extension \_\_\_\_\_

The AAMU department contact person will be notified by email once the J-1 visa packet is prepared. The AAMU department must mail the J-1 packet to the Exchange Visitor in his/her home country via courier service such as DHL or FedEx.

**STATEMENT OF AAMU INVITING/SPONSORING PARTY**

I, \_\_\_\_\_, (Supervisor/Sponsor's Name), understand that the above named foreign national may not be appointed on a permanent or tenure position without first contacting the Office of Student Affairs. Furthermore, I understand that I will not appoint to a permanent or tenure position a foreign national who currently holds a J-1 visa from an institution other than AAMU without first contacting the Office of Student Affairs.

I understand that the Exchange Visitor regulations generally prohibit the changing of an Exchange Visitor's objective or classification once inside the United States. I agree that I will not appoint or advise a foreign national to enter the U.S. as a Research Scholar/Professor if the individual's intent is to pursue another goal.

I understand that the J-1 Scholar must attend the J-1 Orientation at [location to be determined] before attending the AAMU Human Resources New Employee Orientation.

Additionally, I understand that all J-1 and J-2 dependents, if applicable, must maintain health insurance as explained in Part I, Section C above. Failure to maintain health insurance may result in termination of the Exchange Visitor's program participation. Moreover, I understand that failure to present proof of adequate insurance coverage by the Exchange Visitor when he/she arrives at AAMU will delay the registration process and may cause the Exchange Visitor's SEVIS record to be terminated, if registration is over the regulatory registration date.

Finally, I certify that the information provided on this "J-1 Exchange Visitor Request Form" is true and correct to the best of my knowledge.

\_\_\_\_\_  
Supervisor's Name Signature Date

\_\_\_\_\_  
Department Chair's Name Signature Date

#### AAMU Department Checklist

1. Completed and signed J-1 Exchange Visitor Request Form
2. Copy of scholar's CV/Resume
3. Copy of scholar's Passport Biographic Data Page and scholar's dependents, if any
4. Financial supporting documents
5. Letter from the College Dean or Vice President acknowledging/granting permission for the scholar to come
6. Invitation letter from the Department Chair, College Dean, or Vice President to the scholar
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**Please allow at least 7 to 10 business days for processing.**