

J-1 Exchange Visitor “Research Scholar/ Visiting Professor” HOST Information

Office of International Programs Division of Equity, Diversity, and Global Outreach North Dakota State University

Dept 4620, P.O. Box 6050
Fargo, ND 58108-6050
Telephone: (701) 231-7895

- Please carefully read the information below
- Return the second page, completed and signed via campus mail to:
*Tabitha Thomas, Faculty Immigration Asst.
Office of International Programs, MU 116*

The J-1 “Exchange Visitor” visa status is used to bring foreign professors, researchers, and certain students with specific sources of foreign sponsorship to the United States to participate in temporary teaching, research and other scholarly activities. As administrators of NDSU’s exchange visitor program, the Office of International Programs (OIP) is charged with the responsibility of ensuring that NDSU complies with all federal regulations governing the U.S. Department of State’s Exchange Visitor Program. After it has been determined that the proposed scholarly activity meets the Exchange Visitor Program objectives, the OIP issues the immigration document (Form DS 2019) used to apply for the J-1 “exchange visitor” visa to enter the United States.

There are different categories within the J-1 exchange visitor visa status, and each category has its own associated regulations. **Please carefully choose which category to use for the exchange visitor as your choice may have a lasting impact on the individual’s ability to return to the United States in the future (See #4 on page 2 of this form).** Changes in activity/category after arrival in the United States (for example research scholar to student) are usually not approved by the U.S. State Department.

To ensure the safety and welfare of international scholars during their stay in the United States, **it is required by federal law that all institutions hosting an international scholar on a J-1 visa demonstrate that the scholar and all J-2 dependent family members** have specific levels of health insurance coverage (including emergency medical evacuation and repatriation) under an approved health insurance policy.

In addition, **state law in North Dakota requires that any person employed 20+ hours/week for 5 months or more must receive full benefits (not just health insurance).** Thus providing benefits will not be optional when exchange scholars are paid for more than five months. Exchange scholars receiving NDSU benefits including BC/BS of ND health insurance will also need to purchase a supplemental insurance policy to cover medical evacuation and repatriation for themselves and each dependent family member (approximately \$68/yr/person)

Self-funded scholars at NDSU are required to purchase NDSU’s international student health insurance plan from [United HealthCare \(UHC\)](#). **This plan meets the federal regulations and costs ~\$166/month per person (scholar and any accompany dependents).**

Please indicate on the attached form which insurance plan will be used and who will pay for it.

To help expedite the issuance of Form DS 2019, it is essential that all requests for information on the following sheet include complete, correct answers. If you have any questions regarding the procedures outlined above please do not hesitate to contact the Assistant Director of Faculty Immigration.

HOST INFORMATION FOR J-1 EXCHANGE VISITOR

Please complete this form and **obtain the signature of the Department Chair, Dean**, or other NDSU representative. All information requested below needs be provided to complete the immigration form (DS 2019). Upon receipt of requested information from both the scholar and the hosting department at NDSU, the DS 2019 will be issued within approximately one week.

1. **Exchange Visitor's Name:** Last: _____ First: _____

2. **Description of Activities/Research at NDSU:** _____
(Brief description of what research the scholar will be working/collaborating on)

3. **Expected length of stay:** **Arrival:** _____ **Departure:** _____
mm/dd/YYYY mm/dd/YYYY

Please carefully choose which category to use for the exchange visitor, as your choice may have a lasting impact on the individual's ability to return to the United States in the future.

4. **J-1 Exchange Visitor Category** (identify one):

Short-term Scholar

- 6-month maximum stay
- Extensions only allowed up to the 6-month maximum
- Category also used for short-term visiting professors

Research Scholar **OR** Visiting Professor

- 5-year maximum stay
- Extensions only allowed up to the 5-year maximum
- After the exchange visit is complete, the scholar is prohibited from participating in these 2 categories for 2 years, irrespective of how much actual time is used for this specific exchange visit

5. **Source of Funding for visit:** NDSU/ Dept. Grant **OTHER** _____

Amount of Funding: \$ _____ X _____ months

6. **Insurance (Required)**

BC/BS of ND and Supplement (benefitted plan)

- **Note:** ND State Law requires Departments to purchase benefits that are approx. 30% of the offered salary to scholars who are paid by NDSU and who work 20⁺ hours/week for more than 5 months.
- [SOS Supplement](#) required for scholar **and all family members**, if receiving benefits (\$68/yr, Individual coverage or \$200/yr, Family coverage)

[United HealthCare \(UHC\)](#) (for Short-term and/or Self-funded scholars not receiving benefits)

\$166/month per person (through Aug 15, 2014)

7. **English Proficiency:** Host Faculty attests to scholar having sufficient English skills for visit: **Yes**

- If teaching, standardized English test scores must be provided (e.g. TOEFL, MELAB etc.)

8. **Signatures:**

Host Faculty	

(Printed Name)	

(Signature)	
Phone _____	Date _____

Department Chair/ Dean	

(Printed Name)	

(Signature)	
_____	Date _____