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 #5 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 Student Assurance Services International (SAS). This plan meets the federal regulations and costs ~$75/month for the J-1 exchange visitor. If the scholar brings dependent family members, the cost of this international student insurance (SAS) rises substantially; as much as $450/month if a spouse and child(ren) are added to the policy.

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.
INFORMATION TO BE PROVIDED BY THE DEPARTMENT FOR ISSUANCE OF FORM DS 2019 TO BRING EXCHANGE PROFESSORS/RESEARCH SCHOLARS

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: ________________________________________________________________

2. Position Offered:________________________________________________________________________

3. Position Description (specify area of teaching or research):______________________________________

4. Expected length of stay (maximum 5 years for professors/research scholars) (6 months for short-term scholars) Arrival Date: ________________ Departure Date: ________________
   MM/DD/YY                                                         MM/DD/YY

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 #5).

5. J-1 Exchange Visitor Category (identify one):
   ___Short-term Scholar (6 months maximum – no extensions; also used for short-term visiting professors)
   ___Research Scholar (extensions up to five years, but no repeat participation for individual in this category for two years irrespective of how much actual time is used for this particular exchange visit
   ___Visiting Professor (extensions up to five years, but no repeat participation for individual in this category for two years irrespective of how much actual time is used for this particular exchange visit

6. Source and exact $.00 amount of funding:________________________________________________________________________

***If Scholar is going to be paid by the NDSU, and will be working 20+ hours/week for more than five months, the Department is required by ND state law to purchase benefits which are approximately 30% of salary offered. If the scholar is receiving benefits, they are also required to carry supplemental insurance coverage for emergency medical evacuation and repatriation of remains in addition to the BC/BS of ND health insurance. Supplemental plan costs $68/yr and is required for the scholar and each family member.

7. PLEASE CHOOSE FROM OPTION “I.” OR “II.” LISTED BELOW:
   ______ I. BC/BS of ND & Supplement (Required if receiving benefits) Will Dept. pay for supplement?______
   ______ II. SAS (Insurance policy for short-term or self-funded scholar not receiving benefits)
   Please indicate who pays for SAS? ______ Dept ______Scholar

8. English Proficiency: If a visiting scholar is not teaching, the host faculty at NDSU can attest to the scholar’s English. If teaching, standardized English test scores must be provided (e.g. TOEFL, MELAB etc.)

Inviting Faculty Member:

Name and Title: (Type or Print)                     Signature

__________________________                        __________________________
Date                                   Phone Extension

Please return this form to:

Deborah Maertens
Office of International Programs
116 Memorial Union

Authorized Signature:

Name: (Print or Type)                     Signature                     Date

Department Chair or Dean