

REQUEST FORM FOR J-1 EXCHANGE VISITOR

Please submit this request no less than 30 days before the proposed start date listed below.

A. Purpose of this form

- Sponsor a new j-1 visitor
- Extend a current visitor's program
- Transfer to UVa from another institution's J-1 program
*(include TRANSFER IN Addendum)

B. Biographical Information

Last (Sur)name: _____

First (Given)Name: _____

Middle Name: _____

Male Female Date of Birth (MM/DD/YY): _____

City of Birth: _____ Country of Birth: _____

Country of Citizenship: _____

Country of Legal Permanent Residence: _____

Position or Title Abroad: _____

Email address: _____

Current U.S. address (for extensions): _____

- This visitor will have incidental patient contact (Signed form must be attached if this box is checked)
- This visitor will be accompanied by dependent family members (Complete and attach J-2 dependent request form)

C. UVa Host Department Information

Host Department: _____

UVa Faculty Host: _____

Program Start Date: _____ End Date: _____

Periods of 6 months or less will limit scholars to the "short-term scholar" category without the possibility of extension. **If there is a possibility that the department may want to extend the program beyond the 6 month limit please check this box.**

UVa Title or Position: _____

D. Funding Information

Minimum funding for a department to sponsor a J-1 visitor is \$1,550 per month. If accompanied by J-2 dependents the additional amount required is \$500 per month for each dependent. If funding will come from any source OTHER THAN UVA attach documentation. Evidence can include a bank statement and/or an award letter from the funding source. Please indicate total funding available for the duration of the exchange visitor's program. All currency should be converted to U.S. dollars.

Amount from UVA host department	
If UVA funding please indicate PTAO	
Amount from US government	
Amount from visitor's home government	
Amount from visitor's home institution	
Amount from visitor's personal funds	
Other (please specify):	
Total:	

E. Insurance Information

All J-1 and J-2 visitors must maintain medical insurance for the full duration of their program. If the J-1 will be eligible for the insurance provided as part of UVA's employee benefit package the employment start date should be the first of the month to ensure compliance with the coverage requirement.

Will the visitor be eligible for UVA's employee benefits package? yes no

F. English Language Proficiency

All J-1 visitors are required to have sufficient English language proficiency to participate in his or her program and function in the U.S. on a day to day basis. The U.S. government requires an objective measure of proficiency. Please indicate below how language proficiency has been determined:

- Native English speaker
- Obtained degree from an institution with English as the language of instruction (attach copy of transcript or diploma)
- Recognized English language exam (attach exam results)
- Attestation of proficiency from academic institution or English language school. (attach documentation)
- Personal interview either in person or by video-conference – please have the interviewer sign below.

I verify that I conducted an interview of the J-1 applicant either in person, by videoconference, or by telephone if videoconference was not a viable option and have found his or her English language proficient enough to participate in the proposed J-1 program and function on a day to day basis in the United States.

Name (Please print): _____

Signature: _____ Date: _____

G. Required Attachments

For New Program Requests:

1. Photocopy of passport ID page
2. Copy of invitation letter furnished to the J-1 visitor
3. Brief description of the J-1 visitors planned program activities
4. The J-1 Visitor's CV
5. Supporting documentation for proof of funding
6. Supporting documentation for English language proficiency (if applicable)
7. School of Medicine Volunteer Form (if applicable)
8. Incidental Patient Contact form (if applicable)

For Program Extension Requests:

1. Proof of medical coverage for J-1 and dependents for duration of the extension period
2. Supporting documentation for proof of funding
3. Copy of appointment letter

H. Host Department and Dean's Office Signatures

Signatory	Name	Signature	Date
Host Dept Chair			
Dean's Office			
Other:			

The visa packet will be returned to the department for mailing to the visiting scholar.

Check here if you prefer to pick up the packet

Name: _____

e-mail: _____

Check here if you would like the packet returned to the department via messenger mail and indicate who it should be sent to

Name: _____

PO Box: _____