J-1 APPLICATION REQUEST FOR A DS-2019 FORM

Instructions:

Please complete all sections of the Uapplication. This application will need to be completed by both the prospective exchange visitor as well as the UL Lafayette faculty or staff hosting the exchange visitor. Once the application is complete, please forward the application to exchange@louisiana.eduhe following documents should also be sent along with the completed application:

- 1. Copy of the standard UL Lafayette employment offer letter or, if no employment is involved, the UL Lafayet letter of invitation.
- Copy of the document(s) verifying the source and amount of funding which is in lieu of or in addition to UL Lafayette funding.
- 3. Copy of the prospective exchange visitors resume or vita, if available.
- 4. Copy of the prospective exchange visitors passport.

1. N	lame:								
		Family I	Name	First Name			Middle Name		
2.	Gender:	Male	Female	3. Date of Birth:	Month	_/ 	_/ Year		
4.	City and co	ountry of bir	th:						
5.	Country of	Citizenship	:						
6.	6. Country of legal permanent residence:								
7.	7. Present or former position in country of permanent residence								
8.	Proposed	dates of sta	y: From <u>:</u> Month		To:	//////	/ Day Year		
9.	Host depart	tment and p	hone number: _						
10.	Title of pro	posed posit	tion:						
11.	Brief descr	iption of res	ponsibilities:						
12.3	Source and	d amount of	funding:						
	Unive	ersity of Lou - OR -	iisiana at Lafayett	e	\$				
	Othe	•••	ecify)		\$				
13.	If applical	-1 exchang	sitvair status:						

14. Will the exchange visitor be accompanied by spouse or children? Yes No If yes, give names, dates of birth, and places of birth on page 2

DEPENDENT INFORMATION

1.	Name:							
	Family Name	First Name	Middle Name					
2.	. Gender : Male Female 3.	Date of Birth: / Day	/ Year					
3.	City and Country of Birth:							
4.	Citizen of:	5. Legal Permanent Resider	it of:					
5.	Relationship to Exchange Visitor:	Spouse Child						
DEPENDENT INFORMATION								
1.	. Name: Family Name	First Name	Middle Name					
		1	1					
2.	. Gender : Male Female 3.	Date of Birth: / Month Day	/ Year					
3.	. City and Country of Birth:							
4.	Citizen of: 5. Legal Permanent Resident of:							
5.	Relationship to Exchange Viator:	Spouse Child						
DEPENDENT INFORMATION								
1.	Name:							
	. Name: Family Name	First Name	Middle Name					
2.	. Gender : Male Female 3.	Date of Birth: /	/					
		Month Day	Year					
3.	. City and Country of Birth:							
4.	Citizen of:	5. Legal Permanent Resident of:						
5.	. Relationship to Exchange Visitor:	Spouse Child						

ExchangeVisitor Contact Information

 Address:
 (Stret)

 City:
 Province/Territory:

 Country:
 Postal Code:

 Phone Number:
 Email:

 Is the exchange visitor currently in the U.S.?
 Yes
 No

 If YES, current immigration status (e.g., J-1, F-11B):
 Yes
 No

Please submit the following documents to the OIA along with the ange visitors completed application

- 1. Copies of all immigration documents (E2S)19(s), I20(s) or I-797(s)
- 2. Copy of most recent I-94
- 3. Copy of passport

UL Laf ayette faculty or staff hosting the exchange visitor:

Name and Title:

Department:

Phone Number:

Email:

Required Health Insurance

The current regulations governing the J-1 Exchange Visitor Program requires J-1 exchange visitors and any dependents who accompane the exchange visitor to have medical insurance coverage. The prospective J exchange visitor is required by the United States Department of State to have at least:

1. Medical benefits of at least \$100,000 per act:

Certification of Medical Health Insurance Coverage J-1 Exchange Visitor

Name:

PersonalEmail:

Expected Arrival Date: Expected Departure Date: (Month/Day/Year) (Month/Day/Year)

I certify that the above named individual and dependents have medical benefits of at least \$100,000.00 per accident or illness, repatriation of remains in the amount of \$25,000.00, expenses associate with medical evacuation of the exchange vistories or her home country in the amount of \$50,000.00 and a deductible not to exceed \$500.00 per accident or illness.

Dates of Overage: From: To:

Name of Medical Health Insurance Company Signature of Agent Representing Date Medical Health Insurance Company

Pleasettach theollowing documents:

- Proof of the exchange visitors medical health insurance coverage (such as IDIettet from insurance company).
- Verification of dates of coverage
- A description, in English, of the conditions of the dical health insurance coverage.
- If the medical health insurance is based on employee benefits provided to the exchange visitor's parent, documentation verifying the age through which the exchange visitor is eligible for coverage.

Approval for the Employment/Visit of an Exchange Visitor (J-1 Status)

Name of Prospective Exchange Visitor:

Title of Position:

Department:

We Certify that:

- 1. We agree to accept responsibility for this participant for the entire period of stay as requested on the form DS-2019. We hereby certify that there is sufficient funding to support this individual for the entire period stated on the J-1 visa application request form,
- 2. Should problems occur w.C /P appl-2(c)3(i)-2n(.959 0</MCID 22 >d76ni/LBody <9r2 /LBody <</MCIC