
SPONSORSHIP ELIGIBILITY INSTRUCTIONS – PLEASE READ

To ensure that the program is suitable to the participant's background, needs, and experience, sponsors must screen and select their program participants according to the eligibility criteria for the university's program categories. A personal interview may be necessary as part of the screening/selection process. **The participant cannot be a candidate for tenure-track appointments.** OU's programs do not support academic or graduate medical education and/or training. **Sponsors are required to ensure that participants possess sufficient proficiency in the English language.**

Purpose of This Form.

You should use this form if you are requesting to bring a foreign person to the U.S. to participate in an appropriate University Program in the J-1 visa category. This form will be used to generate a Form DS-2019 Certificate of Eligibility issued by the University's Responsible Program Officer.

If this form is not submitted at least **90** days before the proposed program start date, the subsequent DS-2019 and visa issuance may not be completed before the exchange visitor's services are required or previous employment authorization ends.

Who May Sponsor.

Any Faculty Member or Department Head of any campus of the University of Oklahoma may use this form to apply for the DS-2019 Certificate of Eligibility to sponsor a participant as an Exchange Visitor for the maximum duration period according to the specified program.

The J visa is a nonimmigrant visa and participants are granted entry into the US with the understanding that they will complete the objectives of a single program category. The J-1 visa is inappropriate for foreign nationals seeking to work under conditions other than the allowed activities of those Exchange Visitor Program categories permitting employment. The J-1 visa is also inappropriate for foreign nationals seeking to immigrate permanently to the US. The J-1 visa is also inappropriate for organizations seeking to augment their personnel complement. Parties so interested must use other legitimate avenues of immigration and/or temporary employment.

Approved Programs.

Professor & Research Scholar

As participants in these program categories, foreign professors and research scholars engage in research, teaching, and lecturing with their American colleagues. Alien physicians in graduate medical education or training and short-term scholars are not included in this category. The maximum duration for both categories is an aggregate of 5 years.

Minimum qualifications for Research Scholar are a bachelor's degree with appropriate experience in the field of which research is to be conducted.

Short-term Scholar

A short-term scholar is a professor, research scholar, or person with similar education or accomplishments that enter the US to lecture, observe, consult, train, or demonstrate special skills.

The duration of the program is the time needed to complete the objective, up to a maximum of six months. The minimum program duration of 3 weeks is waived for participants in this category. Extensions are not permitted.

Specialist

Specialists are experts in a field of specialized knowledge or skill, who come to the United States to observe, consult, or demonstrate special skills. Some examples of fields represented include mass media communication, environmental science, youth leadership,

international educational exchange, museum exhibitions, labor law, public administration, and library science.

The maximum duration of this category is one year.

Initial Status

Nonimmigrants applying for a visa using the DS-2019 form must pay the SEVIS filing fee before applying at a U.S. Consulate. Payment must be processed at least three business days prior to the scheduled date of the visa interview.

Extension of Stay

An extension for current OU program participants must be completed **BEFORE** the expiration date of the DS-2019 and is within the 5-year maximum period for Professors or Research Scholars. This form must be submitted to OIS at least 30 business days **prior** to the current DS-2019 expiration date. The participant must include evidence to show that he/she is maintaining the required insurance coverage while in the US for themselves and any accompanying J-2 dependents (spouses and children under the age of 21).

Change of Status

Nonimmigrants in the U.S. may apply for a change of status by applying directly to the US Citizenship & Immigration Services using the Form I-539. The nonimmigrant will be required to submit a valid DS-2019 form and all associated filing fees. USCIS Service Center processing times may vary.

Early Withdrawal or Program Completion

If an exchange visitor's departure from the program is more than 15 calendar days before the end date listed on the current DS-2019, notification must be given to OIS in order to shorten the program end date in SEVIS. This action will ensure the 30-day grace period is properly observed.

Department Sponsor Responsibilities.

Program regulations require sponsors to offer appropriate orientation for all exchange visitors and their immediate family. Orientation includes, but is not limited to, the following information:

- Life and customs in the United States
- Local community resources (e.g., public transport, medical centers, schools, libraries, and banks), to the extent possible
- Available health care, emergency assistance, and insurance coverage
- A description of the appropriate University program
- Rules that participants are required to follow under the sponsor's program
- Address of the sponsor and the name and telephone number of the responsible officer
- Address and telephone number of the Office of Exchange Coordination and Designation of the Department of State
- A copy of the Exchange Visitor Program Welcome Brochure.

Pre-Arrival Information

YOU are required to provide the [J-1 Exchange Visitor Brochure](#) to the participant to ensure that have met the orientation requirements. You are to provide any information pertaining to contractual obligations between you and the participant; pay and benefits, if applicable;

training plans, multiple placement/program locations; deadlines for submissions of requests for specific placements.

Required Documentation.

You must submit this form with a copy of the participant's curriculum vitae. Include evidence that the participant has acknowledged receipt of the program requirements and will maintain the mandatory insurance requirements as stipulated below:

J-1 participants are required to maintain the following minimum insurance coverage while in the U.S. for themselves and any accompanying J-2 dependents (spouses and children under the age of 21):

- Medical benefits of at least \$100,000 **per accident or illness**
- Repatriation of remains in the amount of \$25,000
- Expenses associated with the medical evacuation of the exchange visitor to his or her home country in the amount of \$50,000
- A deductible not to exceed \$500 **per accident or illness.**

Willful failure on the part of the participant and/or any J-2 dependents to maintain active insurance coverage is grounds for termination from the program.

Valid Passport

You must submit this form with a copy of the participant's valid passport. The participant is responsible for maintaining the validity of the passport during their nonimmigrant stay within the U.S.

Foreign & Personal Funding Sources

Exchange visitors must furnish a letter from the foreign agency or institute that is providing his or her financial support. The letter must include the funding amount in USD and the total period of payment.

Exchange visitors that will use personal funds must provide a statement from his or her financial institute showing no less than the minimum amount needed for sponsorship for the entire period listed on the DS-2019.

Additional Evidence

- Program transfers between the University and another institute or agency must be submitted with copies of the participant's passport, I-94 card, current and previous DS-2019 forms. You may be required to submit additional evidence upon notice.
- Program extensions with the University must be submitted with evidence that the EV has maintained the required insurance coverage while the U.S. as a J-1 holder.

"Patient Contact" Certification for Foreign MDs

Any foreign medical graduate pursuing a J-1 Research Scholar/Professor program in the United States that involves incidental patient contact must apply for their J-1 visa with a "Five-Point Statement" appended to their DS-2019.

The Five-Point Statement may not be used for a program with any element of medical training, as GME programs for IMG must be overseen by the Educational Commission on Foreign Medical Graduates (ECFMG) for the J-1 category of Alien Physician.

OIS will provide the "Five-Point" Statement and Dean's instructions to the department sponsor on a case-by-case basis. Faculty sponsors may also request the "Five-Point" Statement and Dean's instructions any time prior to submission of the OIS2019 Request Form.

Two-Year Foreign Residency Requirement Certain categories of exchange visitors are subject to the Two-Year Foreign Residency Requirement and must return home for two years after completing their J-1 program. An exchange visitor is subject to if

the following conditions exist:

- The program in which the exchange visitor was participating was financed in whole or in part directly or indirectly by the US government or the government of the exchange visitor's nationality or last residence;
- The exchange visitor is a national or resident of a country designated as requiring the services of persons engaged in the field of specialized knowledge or skills in which the exchange visitor was engaged for the duration of their program (See World Skills List);
- The exchange visitor entered the US to receive graduate medical education or training.

U.S. Entry and Arrival Notification.

The participant MUST enter the U.S. no later than the program start date listed on the DS-2019 form. You must notify the OIS office within three days of the participant's entry to the U.S. and arrival on campus. Failure to give notice to OIS within the allowable time period will now result in the U.S. government's automatic cancellation of program sponsorship in SEVIS and U.S. visa issuance. Departments may use the associated OIS Form; *U.S. Entry & Arrival Notification* to inform the appropriate OIS office of the participant's entry to the U.S. and arrival on campus.

Two-Year Rule for Professors & Research Scholars

Individuals who enter the US, or who have acquired such status while in the US, are NOT eligible for repeat participation in the Professor or Research Scholar category for a period of two years following the completion of the five-year period or termination of SEVIS record, whichever comes first.

University Position Titles and Building Access.

Specific job titles and codes have been established for our J-1 program participants. The program category of Professor would normally hold a visiting faculty title appropriate to each campus.

Norman Appointment Titles

1. **Scholar** - to be used **ONLY** for J-1 visitors that will receive compensation from the department.
2. **Affiliate** - to be used for J-1 visitors that are funded by a foreign agency or using personal funds.

NOTE: The title of **Scholar** requires a minimum salary of \$2,000.00 per month. Visitors appointed as **Affiliate** must supply documentation (bank statement or institutional support letter) establishing his/her funding source(s) provide no less than our required monthly minimum of \$2,000.00 for the entire period listed on the DS-2019. **Additional \$400/month is required for each J-2 dependent (effective July 1, 2024).** The support documents must be translated into English and the currency should be listed in American dollars.

Health Science Center & Tulsa Appointment Titles

1. **Associate Research Scholar** (job code 0268) - to be used **ONLY** for J-1 visitors that will receive benefits and 100% salary from the department. The GL account will be 511361, same as post-docs, and residents, including current fringe rates.
2. The **Research Scholar** title (job code 4021) - will continue to be used for J-1 visitors who will not receive fringe benefits, but may receive full or partial salary, or stipend, from OU. J-1 participants must maintain the required insurance coverage throughout his or her stay in the U.S.
 - a. **Emphasis** is placed on recognizing the visitor's costs associated with obtaining individual coverage if he/she is not covered through a foreign agency or institute.
 - b. **In Addition**, under the Affordable Health Care Act, employees who work at least [30 hours per week](#) or

whose service hours equal at least 130 hours a month for more than 120 days in a year are considered full-time and must be offered health insurance coverage through the University's group plans at the same fringe rates as GL account 511361. Departments are expected to anticipate this additional expense and budget accordingly.

- The volunteer appointment title of "*International Visitor*" (job code RESSCH) has been established for OIS "approved" participants that will receive NO compensation **or** benefits from the University, but will require building access.

NOTE: The title of Research Scholar **and** Associate Research Scholar requires a minimum annual salary level of \$23,660.00. Only visitors appointed to the title of Research Scholar or International Visitor are allowed to include outside funding to meet the required annual salary of \$23,660. Departments should attach the visitor's outside funding documentation to the ePAF appointment paperwork. This will provide historical evidence that the visitor will have the equivalent in financial support as the University's J-1 program required annual minimum salary level of \$23,660.00.

English Proficiency Policy for J-1 Exchange Visitors

22 C.F.R. § 62.10, which regulates a J Exchange Visitor sponsors responsibilities regarding program administration, has been revised to require **proof of English language proficiency** for all J-1 Short-Term Scholars, Research Scholars, Professors, and Specialists sponsored by the University of Oklahoma.

Department Sponsor Obligation.

Sponsors must establish and utilize a method to screen and select prospective exchange visitors to ensure that they are eligible for program participation, **and** that:

- The program is suitable to the exchange visitor's background, needs, and experience, **and** ;
- The exchange visitor possesses sufficient proficiency in the English language, as determined by an objective measurement of English language proficiency, successfully to participate in his or her program and to function on a day-to-day basis. A sponsor must verify an applicant's English language proficiency through a recognized English language test, by signed documentation from an academic institution or English language school, or through a documented interview conducted by the sponsor either in-person or by videoconferencing, or by telephone if videoconferencing is not a viable option.

Assessment Methodology.

To comply with this new regulation, OIS will now require proof that a potential scholar meets the English language proficiency requirement. The requirement may be satisfied in **one** of three ways:

- Provide scores from one of the following English language tests (selected because they include a speaking/listening component), taken within the last two years and meeting the stated minimum score, **or**;

English Language Test	Minimum Score
TOEFL iBT	15 on Speaking and Listening Sections
IELTS	5 on Speaking and Listening Sections
Cambridge English: First (FCE)	Pass
Cambridge English: Advanced (CAE)	Pass
TOEIC	Combined Score of 500

- Provide a signed letter from an academic institution or English language school that is internationally recognized by IALC or other recognized entity. The letter must be dated within the last two years and must state the dates when the potential scholar attended the institution or school. The letter must also affirm that the scholar achieved at least intermediate level skills, the equivalent of a B-2 on the Common European Framework of Reference for Language or CEFR, in English language speaking and listening, **or**;
- Conduct an English language interview with the potential scholar in person or via Skype or other videoconferencing method. The person conducting the interview must be proficient in English himself/herself. Each interview conducted for this purpose will consist of the five questions below:
 - How did you find out about the University of Oklahoma?
 - What made you want to come here?
 - How do you think that the time you spend at the University of Oklahoma will benefit you personally and professionally?
 - Tell me about what you like to do outside of work.
 - What do you think will be the most challenging aspect of living and working in the U.S.?

ATTENTION: Failure to adequately meet the English language proficiency requirement is sufficient reason for OIS to refuse to issue a DS-2019 or to terminate a scholar's J program.

Where to Send this Form.

Norman & Tulsa (Norman Payroll)

Megumi Wilson
Office of Immigration Services
339 W. Boyd St, Whitehand Hall
Suite 223, Norman, OK 73069
megumi.wilson@ou.edu

Health Sciences Center & Tulsa (HSC Payroll)

Adam Telfer
Office of Immigration Services
1122 NE 13th St,
O'Donoghue Research Building
Room TB038, Oklahoma City, OK 73117
Adam-Telfer@ouhsc.edu



Departments use this form to request sponsorship of a foreign national to visit the U.S. temporarily to teach, lecture, observe, conduct research, train, or demonstrate special skills. At the conclusion of their program, participants are expected to return to their home countries. The J-1 category is inappropriate for departments seeking to augment their personnel complement. Please return this form to the Office of Immigration Services (OIS).

Form Completion Date: _____

Request Type: Initial Program - Outside the U.S. External Program Transfer – from another US institute or agency
 Extension of Current OU “J-1” Program Internal Program Transfer – from another OU Department

PART 1 – IDENTIFY THE PROGRAM

SECTION A - DEPARTMENT INFORMATION

Department Name		Department Business Address	
Name of /Department Sponsor	Title of Requestor		Phone
Dept Contact Name	Phone	Email address	Payroll Coordinator

SECTION B – PROGRAM DESCRIPTION

Requested Program Category (Refer to instructions)
 Professor Research Scholar Short-Term Scholar (< 6 mths) Specialist

Official University Position Title (appointment title)	Minimum Degree Level of Position	Academic Field
Research or Program Subject Matter	Number of work hours per week	Program Beginning Date
		Program Ending Date

Describe (in detail) program duties and responsibilities. If you need more space, use page 4 Part 7; **Additional Information**.

Give the street address, building name & room number of the visitor's physical work location(s) NO YES ~ If yes, list grant#

Will this person be listed by name on a grant?
 NO YES ~ If yes, list grant#

Will the visitor work at any other locations? NO YES
 If yes, list the additional location(s). If you need more space, use page 4 Part 7; **Additional Information**.

SECTION C – ENGLISH LANGUAGE PROFICIENCY ATTESTATIONS

I, _____, attest that the Exchange Visitor _____ possesses sufficient proficiency in the English language to participate in his or her exchange program at the University of Oklahoma pursuant U.S. Code of Federal Regulations section 22 § 62.10 (a)(2).
 (Sponsor's Name in Print) (Visitor's Name in Print)

Below, check which method was used to assess English language skills:

An English Language proficiency interview was conducted in person, via Videoconference, via Zoom/Skype, via Teleconference, or via telephone on _____.

The Exchange Visitor has obtained a signed letter from an academic institution or English language school affirming that the scholar achieved at least intermediate level skills in English (letter must be attached).

To your right, enter the Exchange Visitor's English language test scores to show they meet the minimum English requirement. =>

Language Test Name	Speaking	Listening
TOEFL iBT		
IELTS		
Result:		
Cambridge First (FCE)		
Cambridge Adv (CAE)		
TOEIC		

Sponsor Signature _____ Date _____

PART 2 – ESTABLISH THE FINANCIAL SUPPORT

Financial payment through OU Payroll Services is considered support by the University of Oklahoma regardless of the original funding source. Be specific as to the source and as precise as possible as to the amount. Proof of adequate financial support is reviewed prior to visa issuance. **Amounts must be listed in U.S. currency.**

SECTION A – SOURCE & AMOUNT INFORMATION

Source and Name	Amount	Time Span of Funding
The University of Oklahoma - <input type="text"/> <i>List funding source</i>		<input type="checkbox"/> Each year of sponsorship <input type="checkbox"/> Total period of sponsorship
Foreign Agency or Institute - <input type="text"/> <i>List foreign entity name</i>		<input type="checkbox"/> Each year of sponsorship <input type="checkbox"/> Total period of sponsorship
Other Agency (paid directly to J-1) <input type="text"/> <i>List agency name</i>		<input type="checkbox"/> Each year of sponsorship <input type="checkbox"/> Total period of sponsorship
Personal Funds - <input type="text"/> <i>Give name of financial institute</i>		<input type="checkbox"/> Each year of sponsorship <input type="checkbox"/> Total period of sponsorship
ALL Other Sources of Compensation (paid directly to the visitor) <input type="text"/> <i>List type and source</i>		<input type="checkbox"/> Each year of sponsorship <input type="checkbox"/> Total period of sponsorship

It is mandatory that J-1 visitors and all dependents maintain health, repatriation, and medical evacuation insurance. Any fringe benefits provided by the department should be listed in "ALL Other Sources of Compensation". Other sources may include room & board, car insurance, etc. Use page 3 Part 4 ; Additional Information.

SECTION B – US EXPORT CONTROL / GOVERNMENT & FOREIGN FUNDING SOURCES

- Provide the name of the visitor's direct supervisor: _____
- Is, or will, the visitor receive any support or contributions from **ANY** source, whether money, goods or services, such as housing, travel expenses, sponsored research, institutional assistance, both foreign or domestic, etc.?
 No Yes
- Will the visitor be involved in **ANY** research activity? No Yes ~ if yes, continue to "a, b, & c"
 - Will any of the research be sponsored, in whole or part, by either the institution or an external sponsor, including **ANY** federal government? No Yes
 - Provide the project identification number(s), if available or reference ID: _____
 - Will the research results be taught, published or otherwise shared with the interested public? No Yes
- Does, or will, the sponsoring faculty member receive **ANY** sponsored funding by either the institution or an external sponsor, including ANY federal government, including NIH and/or NSF? No Yes ~ if yes, continue to "next"
 Has the sponsor notified the appropriate campus Office of Research Administration of this upcoming visa sponsorship?
 No Yes ~ if yes, provide the date of notice _____
- Will **ANY** sponsored funds be used to support the visitor? No Yes ~ if yes, continue to "a & b"
 - Provide the name and title of the Principle Investigator: _____
 - Give the visitor's percentage of effort in the research: _____
- Will the visitor be provided access to any third party-owned technical data or technology that is considered proprietary or confidential to the third party owner? This includes U.S. government furnished technical data with dissemination controls or other restrictive markings, as well as ITAR-controlled software. No Yes
- Will the visitor be provided access to equipment specifically designed or developed for military or space applications?
 No Yes
- Will the visitor be provided access to any Institution-owned technical data or technology that is considered proprietary or confidential to the Institution? No Yes

To learn more about U.S. Export License contact the Office of Export Controls at 405-325-7843. For information on Sponsored Programs, call the HSC Office of Research Administration at 405-271-2090 or the Norman campus Office of Research Services at 405-325-4757.

PART 3 – FOR OFFICE OF EXPORT CONTROLS USE ONLY

Sponsor: _____

Participating Visitor: _____

With respect to the technology or technical data that will be released or otherwise provide access to the visitor, I certify that I have reviewed the EAR and ITAR and have determined that:

- A license is not required from the Office of Foreign Assets Control; or
- A license is required from one of the above government agencies and I will prevent access to the technology or technical data by the visitor until and unless the University has received the required license or other authorization to releases it to the visitor.

Signature – Office of Export Controls _____

Name in Print _____

Date _____



PART 4 – DEPARTMENT ACKNOWLEDGEMENTS

Department sponsors must read and agree to all attestation statements, regulations requirements, and university policies summarized below in connection with a request to sponsor a foreign exchange visitor in a J-1 classification.

SECTION A – FINANCIAL SUPPORT ATTESTATION

Sponsor _____ The host faculty sponsor acknowledges that the total financial support for the dates listed will be provided as indicated in
Initials _____ this request and subsequent DS-2019 Certificate of Eligibility.

SECTION B – EMPLOYMENT ATTESTATION

Sponsor _____ The host faculty sponsor acknowledges that the J-1 category is inappropriate for augmenting their personnel complement
Initials _____ and understands that other legitimate avenues of immigration and/or temporary employment must be sought for this purpose. **The J-1 classification cannot be used for tenure-track appointments.**

SECTION C – DISCLOSURE OF CONFLICTS

Sponsor _____ A J-1 scholar is prohibited from performing research for a faculty’s personal business entity without prior approval from the
Initials _____ Office of Legal Counsel (OLC). Also, J-1 scholars are prohibited from conducting research at locations outside of University campuses, including OUHSC, OU-Norman, & OU-Tulsa without prior approval from the OLC.

SECTION D – PROGRAM CHANGES

Sponsor _____ The host faculty sponsor agrees to notify the Office of Immigration Services. prior to changes in any conditions of the
Initials _____ visitor’s program, including, but not limited to, changes in financial sources & amounts, transfers, physical work location.

SECTION E – EARLY TERMINATION

Sponsor _____ The host faculty sponsor acknowledges that the Office of Immigration Services must be notified prior to terminating the
Initials _____ visitor before the end of the J-1 program and understands that the Responsible Program Officer must approve all program terminations.

SECTION F – EXTENSION OF PROGRAM DATES

Sponsor _____ The host faculty sponsor acknowledges that requests for an extension of stay must be received by OIS at least 10
Initials _____ business days prior to the expiration date listed on the DS-2019. The department and the Exchange Visitor agree to monitor the visitor’s authorized period of stay and understand that, once expired, OIS will not be able to extend the DS-2019.

SECTION G – APPROVAL FOR LECTURE OR SHORT-TERM CONSULTATION

Sponsor _____ The host faculty sponsor agrees to notify the Office of Immigration Services with terms of the proposed lecture or
Initials _____ consultation. The proposed employment must be relevant to the current program objectives and it will not delay the departure date originally proposed or interrupt the original program objective.

SECTION H – DEPARTMENT SPONSOR SUPERVISION

Sponsor _____ The host faculty sponsor agrees to provide supervision, training, and monitoring of the exchange visitor for the duration of
Initials _____ the program period listed on the DS-2019, including any out-of-country sponsorship periods.

SECTION I – INCIDENT REPORT

Sponsor _____ As required by federal regulations, the host faculty sponsor agrees to report, or will ensure that the exchange visitor (EV)
Initials _____ will report, any of the incidents listed below within one business day:

- EV Death, missing, serious illness or injury (e.g. brain injury severe burn, major surgery, communicable disease, series mental health incidents, and condition requiring hospitalization of 48 hours or more, etc.)
- Serious COVID-19 incidents involving exchange visitor hospitalizations, deaths, or other situations that impact an exchange visitor's SEVIS record (e.g., shortened program due to COVID-19, or inability to return to home country at end of program due to travel disruptions, etc.)
- Litigation related to a Sponsors' EV program, in which the Sponsor or an EV may be named as a party.
- Lost or stolen immigration documents (i.e., passport, entry visa, DS-2019, etc.)
- Incident involving the criminal justice system (e.g., arrest, charges, law enforcement, etc.)
- Theft of intellectual property or violations of export controls
- Sexually-related incidents or abuse (incident or allegation involving sexual exploitation, harassment or abuse)
- Negative press involving a Sponsor's Exchange Visitor Program, foreign government involvement (including embassy officials)
- Other situations impacting the EV's safety (e.g. natural disasters, civil unrest, outbreaks of violence, etc.)

SECTION J – SIGNATURES

I certify, under penalty of perjury that I have read and reviewed this request and that to the best of my knowledge the information contained herein is true and accurate.

Sponsoring Faculty _____ **Name in Print** _____ **Date** _____

Department Chair _____ **Name in Print** _____ **Date** _____

Budget/ Financial Dept Official _____ **Name in Print** _____ **Date** _____

PART 5 – IDENTIFY THE PARTICIPANT

All questions must be answered as precisely as possible in order to provide complete and accurate information to the U.S. Department of State using the SEVIS system. Inaccurate information could result in the delay or denial of visa issuance.

SECTION A – VISITOR’S PERSONAL INFORMATION

Last Name (Surname/Family)		First Name (Given)		Middle Name
Date of Birth (dd-MONTH-yy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single	Place of Birth as shown on passport	
Province or District of Birth	Country of Birth	Country of Citizenship	Country of Legal Permanent Residence	
Emergency contact outside the U.S. Name _____ Phone _____		Emergency contact within the U.S. Name _____ Phone _____		J-1 Visitor's Personal Email Address
Is the Visitor currently employed? <input type="checkbox"/> No <input type="checkbox"/> Yes	Has the visitor held J-1 status within the last five years? <input type="checkbox"/> No <input type="checkbox"/> Yes ~ list previous program end date		Phone numbers Daytime: _____ Mobile: _____	
Academic Field of Degree	Participant's Highest Level of Education	CURRENT Title or Occupation in "Home" Country		
Visitor's Current Employer in home country or Affiliated Organization Name & Address. If none, write "None".				
(Name)	(Address)	(Province or District)	(Postal Code)	(Country)
Foreign Residential (HOME country) Address				
(Address)	(Street)	(City/Town)	(Province/Region)	(Country)
If in the U.S., complete the following				
Current U.S. residential address				
(Address)	(Street)	(City)	(State)	(Zip Code)

SECTION B – VISITOR’S DEPENDENT INFORMATION, IF ANY

IF DEPENDENTS WILL ACCOMPANY alien, complete the following. Use separate sheet, if necessary and if applicable, include driver's license information and SSN or ITIN. (Dependents that will enter the U.S. at a later date will require separate processing 60 days prior to entry)

(Last Name)	(Given/First Name)	(Relationship)	(DOB: dd/MONTH/yy)	(City of Birth)	(Country of Birth)
(Last Name)	(Given/First Name)	(Relationship)	(DOB: dd/MONTH/yy)	(City of Birth)	(Country of Birth)
(Last Name)	(Given/First Name)	(Relationship)	(DOB: dd/MONTH/yy)	(City of Birth)	(Country of Birth)
(Last Name)	(Given/First Name)	(Relationship)	(DOB: dd/MONTH/yy)	(City of Birth)	(Country of Birth)

Did the Visitor complete Part 5? Yes No ~ if No, print name of person completing Part 5 _____

Part 5 was completed on _____

PART 7 – ADDITIONAL INFORMATION

If you require more space to provide any additional information use the space below. Please identify the Page Number, Part Number and Section Letter corresponding to the additional information.

Page Number <input style="width:100%;" type="text"/>	Part Number <input style="width:100%;" type="text"/>	Section Letter <input style="width:100%;" type="text"/>
Page Number <input style="width:100%;" type="text"/>	Part Number <input style="width:100%;" type="text"/>	Section Letter <input style="width:100%;" type="text"/>