



VCU

Global Education Office

VCU Immigration Services
912 West Grace Street, 4th Floor
Richmond, VA 23284-3043
(804) 828-0595

J-1 EXCHANGE VISITOR SCHOLAR SPONSORSHIP

APPLICATION CHECKLIST

Please submit the J-1 application 3 months prior to the visitor's arrival date to allow time for the consular interview.

- Complete Export Control review through the RAMS ECO SYSTEM. You will receive an email confirming that the employee has completed screening. **Please print the RAMS ECO SYSTEM email out and include it in this application.** If you have questions about this process, please email exportctrl@vcu.edu.
- Completed J-1 Application, including all requested signatures from both the sponsoring department and the scholar
- A V number for the incoming J-1 scholar
- A J-1 processing fee of \$100. This fee may be transferred via Journal Voucher to index number 1-10209 (account 600099). **Please print out the confirmation once you have paid.**
- A letter from the department inviting the scholar. The letter should include the dates of stay, funding source and program objectives at VCU. Please see template on Page 6.
- A statement of financial support from the scholar's sponsor that must include the proposed dates of the visit, funding source and a minimum of \$1,500/month for the duration of stay. Bank statements, a letter from the sponsor or a letter from a bank official are all appropriate forms of documentation.
- A copy of the biographical page of the passport.
- A copy of the terminating degree certificate with a certified translation.
- A letter from the faculty sponsor attesting to the J-1 scholar's English ability. Please see template on Page 7.
- If the J-1 scholar wishes to have a spouse or children accompany the visitor, additional financial support must be included in the financial support. A minimum of \$5,000 per year per dependent must be provided. Please include the biographical passport pages of each dependent.

J-1 SPONSORSHIP REQUEST: DEPARTMENT INFORMATION

The purpose of this form is to:

- Begin a new J-1 program
- Transfer a J-1 from another program to VCU. The original program start date on the transferred DS-2019 is: _____

Month
Day
Year
- Extend a J-1 program (For extensions, please only provide the application, appointment renewal letter and health insurance.)

The Journal Voucher number is: _____

The J-1 Visitor's V number : V _____

Is the visitor coming to fulfill a postdoctoral position? Yes No

Department/School:	Campus Box Number:
---------------------------	---------------------------

Name of Faculty Sponsor:	Campus Phone:	Email:
Alternate Contact:	Campus Phone:	Email:

Visitor's Name: _____

Family/Surname
First/Given

Please choose a Visitor Category:

- Professor Research Scholar Short-term Scholar (<6 months)

Proposed length of stay at Virginia Commonwealth University

From: _____ **To:** _____

Month
Day
Year
Month
Day
Year

Describe the specific field of study, research, training or professional activity in which the visitor will be engaged. IE: Visitor professor will conduct research in head trauma.

Please indicate the street address where the Exchange Visitor will perform duties, including zip code:

Funding Information:

Indicate the source(s) of funding and an estimate of money the visitor will receive during the length of the visitor’s entire stay. Please attach supporting documents that confirm funding.

Virginia Commonwealth University (includes positions funded by grants)	\$ _____
U.S. government agency	\$ _____
International Organization	\$ _____
The Exchange Visitor’s government	\$ _____
All other organizations providing support	\$ _____
Personal funds	\$ _____

Health Insurance:

Please indicate who will be responsible for the health insurance payments including medical evacuation & repatriation:

Sponsoring Department Exchange Visitor

Patient Contact Information:

Is the visitor a physician or dentist? No Yes

If no, you can stop here. No additional letters are needed.

If yes, will the visitor have any patient contact? No Yes

- If no, please complete **Letter A** (See attached template on page 9.)
- If yes, please note that visitors who are physicians are only permitted to have incidental patient contact as part of their primary educational or research objectives under an Exchange Visitor Program. Please complete **Letter B** if patient care is expected. (See attached template on page 10.)

The below signers accept responsibility for assuring:

- The payment of offered funds on behalf of VCU (if applicable)
- Proficient English ability of the visitor to appropriately participate in the program
- That U.S. government regulations are met on behalf of the scholar
- That upon arrival to the U.S., the scholar meets with an immigration advisor at GEO-IS
- Notification to GEO-IS of the termination or departure of the scholar from the university.

Print name of faculty sponsor

Print name of dean/department chair

Signature of faculty sponsor

Signature of dean/department chair

Date

Date

J-1 SPONSORSHIP REQUEST: VISITOR INFORMATION

Date of Birth: _____
Month Day Year

Male Female Dr. Mr. Mrs. Ms.

Family/Surname (as on passport)	Given Name (as on passport)	Middle Name
City of Birth:	Country of Birth:	
Country of Citizenship:	Country of Legal Permanent Residence:	
Level of Education:	Copy of degree attached:	
Occupation:	Place of Employment:	

Email Address:
Telephone Number:
Address where DS 2019 should be mailed: Please include postal code.

<ul style="list-style-type: none">• Are you or have you (and/or any of your dependents) been in any J Exchange Visitor status (including J-2) within the past two years? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, skip to the end.)• If you ARE in an active J-1 research scholar/professor program NOW, what is the program end date on your DS 2019? _____ Month Day Year• If you (and/or any of your dependents) WERE in an active J-1 Exchange Visitor status within the past two year, what status? <input type="checkbox"/> J-1 <input type="checkbox"/> J-2 If J-1 what category? _____ (Student, Short-Term, Non-Degree, etc.)• Please list the exact beginning and ending dates of your previous periods of J Exchange Visitor status. Start Date _____ End Date _____ Month Day Year Month Day Year

I pledge that the information above is correct and true.

Visitor's Signature

DEPENDENTS

[J-2 Dependents must be either your spouse and/or unmarried children under the age of 21.]

Will family members accompany you? No Yes

If **YES**, please complete this sheet. (If you have more than 3 dependents, please list on a separate page.)

Include the biographical passport page for each dependent.

(1)

Family/Surname (as on passport)	Given Name (as on passport)	Middle Name
Date of Birth: Month Day Year		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
City of Birth:		Country of Birth:
Country of Citizenship:		Country of Legal Permanent Residence:
Relation to Student:		

(2)

Family/Surname (as on passport)	Given Name (as on passport)	Middle Name
Date of Birth: Month Day Year		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
City of Birth:		Country of Birth:
Country of Citizenship:		Country of Legal Permanent Residence:
Relation to Student:		

(3)

Family/Surname (as on passport)	Given Name (as on passport)	Middle Name
Date of Birth: Month Day Year		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
City of Birth:		Country of Birth:
Country of Citizenship:		Country of Legal Permanent Residence:
Relation to Student:		

[Insert Today's Date]

RE: Invitation to Be a J-1 Research Scholar at VCU

Scholar's Name
Scholar's Address

Dear [name of visitor]:

I am pleased to invite you to Virginia Commonwealth University (VCU) as a J-1 Research Scholar from [start date] to [end date] at [name of VCU school or department]. I will serve as your faculty host and supervisor for the duration of your visit to VCU.

J-1 Research Scholar's Goals and Agenda

As a Research Scholar at VCU, you will [describe the visitor's anticipated research goals and agenda in some detail].

Support for Your Visit

I understand that financial and other support for your visit to VCU is being provided as follows: [list the financial support as it appears on the questionnaire, also list other non-financial "in kind" support, e.g., airfare, lodging, meals, medical insurance, etc., if any]

Patient Contact

NOTE: If the visitor will be hosted by a medical, nursing, or other clinical department, please include this paragraph. Otherwise, please delete this paragraph. "US law does not permit you to undertake any form of patient care while you are at VCU. You may not manage patients or have physical contact with patients either with- or without supervision by a VCU physician, nurse, or other licensed healthcare provider. Any activity you undertake in a medical, nursing, or other clinical setting must be research and observation only."

Conclusion

On behalf of VCU, we hope that your visit here will be professionally and personally productive, pleasant, and rewarding. If you have any questions about your visit to VCU, please contact me directly. I look forward to welcoming you to VCU in person.

Sincerely,

[Signature]
[Name]

[Insert Today's Date]

RE: [Intended J-1 Visitor's Full Name]

To Whom It May Concern:

On behalf of VCU, I have determined that the intended J-1 visitor referred to above:

Speaks sufficient English to engage in her intended academic activity at VCU and to go about her daily life in the US. I have made this determination by (choose all that apply):

- In-person conversation between the intended J-1 visitor and me
- Telephone conversation between the intended J-1 visitor and me
- Videoconference between the intended J-1 visitor and me

The intended J-1 visitor's primary purpose for coming to VCU is to engage in formal English language study.

Sign Your Name: _____

Print Your Name: _____

Sample Letter A for Physicians and Dentists

The following must be printed on departmental letterhead and be signed by the faculty sponsor/department chair. The dean of the respective school should also sign.

[Insert Date Here]

RE: [Intended J-1 Visitor's Full Name]

To Whom It May Concern:

This certifies that the program in which the intended J-1 scholar named above is to be engaged in is solely for the purpose of observation, consultation, teaching or research and that no element of patient care is involved.

Approved: _____

Professor/ Chair
Department of _____

Approved: _____

Dean
School of _____

Sample Letter B for Physicians and Dentists

The following must be printed on departmental letterhead and be signed by the faculty sponsor/department chair. The dean of the respective school should also sign.

[Insert Date Here]

RE: [Intended J-1 Visitor's Full Name]

To Whom It May Concern:

This certifies the following:

- The program in which the intended J-1 scholar named above will participate in predominantly involves observation, consultation, teaching and/or research.
- Any incidental patient contact involving the above named physician/dentist will be under direct supervision of a physician/dentist who is a U.S. citizen or resident alien and who is licensed to practice medicine in the Commonwealth of Virginia.
- The above named physician/dentist will NOT be given the final responsibility for the diagnosis and treatment of patients.
- Any activities of the above named physician/dentist will conform fully with the Commonwealth of Virginia's state licensing requirements and regulations for medical and health care professions.
- Any experience gained in this program will not be creditable toward any clinical requirements for medical/dental specialty board certification.

Approved: _____

Professor/ Chair
Department of _____

Approved: _____

Dean
School of _____