J-1 VISA REQUEST FORM

International academic visitors (visiting professors, researchers or short-term scholars) generally request to enter the U.S. in the J-1 visa category. A J-1 visa can only be obtained at a U.S. Consulate or Embassy outside the U.S. with a DS-2019 form, “Certificate of Eligibility for Exchange Visitor (J-1) Status”. California State University, Dominguez Hills (CSUDH), an approved Department of State Exchange Visitor Program Sponsor, is authorized to issue DS-2019 forms under the regulations and guidelines established by the Department of State and the Bureau of Citizenship and Immigration Services. Please enclose a copy of the scholar’s resume, as well as the financial documentation, when submit this form to CSUDH.

REQUESTING DEPARTMENT RESPONSIBILITIES

Please consult with the international visitor when completing this form and verify the amount and source of financial support. When the DS-2019 form is completed it also needs to include an invitation letter (describing the dates, academic field, proposed activities, and financial support) to assist the scholar in obtaining the J-1 visa at a U.S. Consulate or Embassy.

PROPOSED ACADEMIC PROGRAM INFORMATION

All of the following information is necessary to prepare the appropriate documents for the visitor and should be filled out by the academic department and not the international visitor.

Name of Person Completing Form: __________________________
Department: __________________________ College: __________________________
Phone: __________________________ Fax: __________________________ E-mail: __________________________

Dates of proposed program can be mutually determined between the department and the visitor. For DS-2019 purposes, specific beginning and end dates (month, day and year) are required.
Preferred Dates of Proposed Visit: Month ____ Day ____ Year ____ to Month ____ Day ____ Year ____

Academic Field of Research and/or Teaching: __________________________

Describe the research or academic activities that the scholar would be involved in at CSUDH: __________________________

FINANCIAL SUPPORT & HEALTH INSURANCE COVERAGE

Under Department of State regulations, the University is responsible to verify that the international visitor will have adequate financial resources for travel, living and miscellaneous expenses. A minimum of $1200 per month for non-academic expenses (housing, transportation, insurance, etc.) is recommended. Additionally, $250 for each dependent should be allowed per month.

Please indicate the amount of financial support the College/School or Department will provide to the visitor for the entire period of stay and evidence or write none: $ ____________. If none, please indicate the amount of support the scholar will provide and include documentary evidence from the visitor of available funds with this request form. $ ____________.

Will the visitor receive health insurance coverage from CSUDH? Yes ( ) No ( )

CSUDH APPROVAL SIGNATURES

Academic Program Supervisor: __________________________ (print name) __________________________ (signature) __________________________ (date)

Department Head/Dean: __________________________ (print name) __________________________ (signature) __________________________ (date)
Information on this page can be completed by the international visitor.

INTERNATIONAL VISITOR’S BIOGRAPHICAL INFORMATION

Family Name: ____________________________ First: ____________________________ Middle: ____________________________

Title: Dr. Mr. Mrs. Ms. ___________ ( ) Male ( ) Female Date of Birth: ____________________________

(Month, Day, Year)

Telephone: ____________________________ Fax: ____________________________ Email: ____________________________

City of Birth: ____________________________ Country of Birth: ____________________________

Country of Citizenship: ____________________________ Country of Permanent Residence: ____________________________

Employer in Home Country: ____________________________

Position in Home Country: ____________________________

Level of English Proficiency: ( ) Fluent ( ) Good ( ) Fair ( ) I Need English Language Instruction

Amount and source of financial support for your program activity at CSUDH: ________________

DEPENDENT INFORMATION
(To be completed ONLY if visitor intends to bring a spouse and/or children to the U.S.)

<table>
<thead>
<tr>
<th>Name (Last, First, Middle)</th>
<th>Date of Birth</th>
<th>City of Birth</th>
<th>Country of Birth</th>
<th>Relationship to Visitor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Dependent(s) will: ( ) travel with visitor, or ( ) travel separately on the following date: ____________________________

HEALTH INSURANCE REQUIREMENT
Exchange visitors (and their dependents) are required by the Department of State to either submit proof of medical insurance (written in English) or purchase a policy through CSUDH, College of Extended & International Education. The insurance must meet the following minimum requirements:

• $50,000 per accident or illness
• $10,000 in medical evacuation coverage
• $7,500 in repatriation coverage
• Maximum deductible of $500 per accident or illness

A policy is available to visitors through the International Center upon arrival. The monthly premiums are $45.00 for the scholar, $170.00 for the spouse and $65 for each child. Scholars are required to purchase insurance for their (and their dependents) entire stay up to one year at a time.