



Office of International Services  
2500 N. State St.  
Jackson, MS 39216  
Phone: (601) 984-1125/35  
Fax: (601) 984-1376  
E-mail: international@umc.edu

## APPLICATION FOR J-1 EXCHANGE VISITOR

*This form should be completed by departments who wish to: (a) sponsor a new J-1 exchange visitor, (b) extend the program of a current exchange visitor, or (c) sponsor an exchange visitor who is transferring from another institution. The form should be forwarded to the Office of International Services together with a J-1 Exchange Visitor Information Form or a J-1 Exchange Visitor Information Form – Extension Request.*

**Sponsoring Department:**

**Name of Faculty Sponsor:**

**Participant’s Name (First, Middle, Last):**

**Please check one:**

**New J-1 Exchange Visitor:** Applicant is either outside of the U.S. or in the U.S. in another visa status

**Extension:** Applicant is currently participating in a J-1 program at UMMC

**Transfer:** Applicant is in the U.S. under sponsorship of another institution’s Exchange Visitor Program

**Requested Exchange Visitor category:**

- Professor (5-year maximum)
- Research Scholar (5-year maximum)
- Short-Term Scholar (6-month maximum)

**UMMC Job Title (if applicable):**

**Rate of Pay:**

**Dates of Participation:** From: \_\_\_\_\_ To: \_\_\_\_\_

**Please give a description (in layman’s terms) of the research that the scholar will be conducting during the period of participation:**

**From the *List of Subject/Field Codes*, identify the code that is most closely related to the research the scholar will be conducting:**

**Financial Support**

Funding from all sources should be identified. If funds will be provided by the home country government or other outside organization, an official letter must be submitted to the J-1 Responsible Officer confirming the amount of funding and the period of time that the funds will be available. A **minimum** of \$1,500/month is required to cover **living expenses** for a single visiting scholar. Transportation expenses, cost of insurance, etc. should not be included in the total figure. An additional \$500/month is required for an accompanying spouse and an additional \$334/month for each child.

| Type of Funding Institution   | Name of Specific Organization | Total Funding During Program* |
|---|-------------------------------|-------------------------------|
| University of Mississippi Medical Center (includes grants administered by UMMC) | *****                         |                               |
| U.S. Government Agency  |                               |                               |
| Exchange Visitor’s Government   |                               |                               |
| Other Organization  |                               |                               |
| Exchange Visitor’s Personal Funds   | *****                         |                               |

\* Amount shown should reflect the total amount of funds for the period the exchange visitor will participate. Example: If J-1 is paid \$25,000/yr and plans to participate for 3 years, the amount entered should be \$75,000.

**Is the J-1 applicant a physician in his/her home country?**      Yes      No.

If "yes," a **No Patient Contact Statement** must be completed and attached to this form.

## **Department Responsibilities**

### **Applicable to New J-1 Employees:**

- The J-1 Responsible Officer will be promptly notified if the prospective J-1 exchange visitor is unable to begin his/her program by the date indicated on the Form DS-2019.
- The J-1 faculty sponsor is responsible for ensuring that the exchange visitor reports to the Office of International Services within three (3) days of arrival.
- The Office of International Services must be notified immediately after the exchange visitor's arrival so that the visitor can be validated in the Student and Exchange Visitor Information System. This applies to both employees and non-employees.
- An exchange visitor scheduled for employment must be processed in through Human Resources before he/she can start work or be compensated.

### **Applicable to All J-1 Employees:**

- The J-1 classification is temporary in nature and cannot be used for tenured or tenure-track faculty appointments
- The J-1 faculty sponsor is aware that the exchange visitor is required to obtain and maintain health and repatriation /medical evacuation insurance coverage. The sponsor will assist the J-1 Responsible Officer in assuring that the exchange visitor consistently maintains this coverage while he/she is a participant in the program.
- The Office of International Services must be promptly notified in advance if an exchange visitor: (a) plans to transfer to another department or another institution, or (b) plans to leave or completes his/her program before the expiration date entered on Form DS-2019.

**I have read, understand and agree to abide by the department responsibilities referenced above:**

**Department Chairman:**

**Signature:** \_\_\_\_\_

**Date:**

**Exchange Visitor's Faculty Sponsor:**

**Signature:** \_\_\_\_\_

**Date:**