# http://www2.uncp.edu/ucm/logos/wordmark/uncp_wordmark.jpg

Read & sign this page in acknowledgement & agreement of your rights & responsibilities as a J-1 Scholar.

**Purpose of Visit:** As a J-1 Exchange Visitor, you are here to pursue a specific objective, research goal, learning experience, etc. You are not allowed to engage in activities which alter your principal program objectives.

**Health Insurance:** All J-1 Exchange Visitors must maintain adequate health insurance for the duration of the exchange program. Due to the fact that the minimum requirements the insurance must meet are very specific, all UNCP J-1 Scholars are required to purchase HTH Worldwide insurance through UNCP. Failure to maintain adequate health insurance is considered to be a violation of the Exchange Visitor Program regulations, which will result in termination of your J-1 program.

**Employment:** As a J-1 Exchange Visitor, you may only work or conduct research in the field listed under item 4 on your Form DS-2019. You cannot undertake any form of work, paid or unpaid, without prior consultation & written approval from IP. You should not resign from your position at UNCP or accept a change in position appointment (such as a change in work location, a change from unpaid to paid status, etc.) without first receiving authorization from IP.

**Change of Address:** All J-1 Exchange Visitors are required to inform IP within 10 days of any change of your physical address. Please complete the Change of Address Form at IP.

**Travel:** To travel outside of the U.S. during your Exchange program, you will need to obtain a travel endorsement on your DS-2019 before you leave. You should not leave the U.S. for more than 30 days without prior approval from your UNCP supervisor and IP.

**Departure:** When you leave the U.S. permanently, please submit the Departure Form before your departure so IP can update your immigration record accordingly.

**12 month bar on repeat participation:** If you have been in the U.S. in a J-1 Exchange program for more than 6 months, you are subject to a 12 month bar on coming back to the U.S. as a J-1 Research Scholar or Professor. This bar only applies to a person who would like to return to the U.S. as a J-1 Research Scholar or Professor. People in the Short Term Scholar category are exempt from this bar.

**24 month bar on repeat participation**: If you are in the U.S. in the J-1 Research Scholar or Professor category, you are subject to a 24 month bar instead of the above 12 month bar. This bar prohibits you from returning to the U.S. for a 2nd program as a J-1 Research Scholar or Professor for 24 months after your initial program ended.

**J-1 two year home residency requirement 212(e):** You may be subject to 212(e), which is a rule that requires you return to your home country for 2 years after you complete your exchange program and before you can apply for an employment visa or permanent resident status in the U.S. You may be eligible to apply for a waiver of this requirement.

**English language:** Language proficiency is required to participate in the J-1 Exchange Visitor Program. Our Sponsor Department at UNCP is responsible for attesting your language skills & ensure that your can understand & communicate effectively with your colleagues at UNCP & complete daily tasks as part of living in the U.S.

**Program Cost:** UNCP charges a cost recovery fee of $250 for all J-1 Scholars per semester.

I have read and understand the above requirements of the J-1 Exchange Visitor Program. By signing below, I indicate my agreement & understanding of all of the above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date

PART A - To be completed by the Exchange Visitor

Dear prospective Scholar, please complete all the information below & return it to the faculty supervisor in the UNCP department that will sponsor your visit. With it, please include a photocopy of your passport bio page. Also include the required funding documentation to demonstrate your ability to appropriately fund your program. This is not an immigration document. DO NOT submit it to the U.S. consulate. It will NOT enable you to obtain a visa.

Are you coming through the CHEDP Program? \_\_\_\_ Yes \_\_\_\_ No

SURNAME/LAST Name (as noted on your passport) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Middle Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Gender \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Country of Permanent Residence \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country of Citizenship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation in Home Country \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Employer in Home Country \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Province/State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nature of Employment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start Date of Employment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Currently Employed \_\_\_\_\_\_ Yes \_\_\_\_\_ No

Most Recent Degree Earned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Major \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Earned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Bachelors Awarded \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever applied to, been accepted to, visited or been employed by UNCP? \_\_\_\_\_ Yes \_\_\_\_\_No
If Yes, Banner ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Residential Address in Home Country \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
(Not a University Address) Street Apt.
City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Province/State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code \_\_\_\_\_\_\_\_\_\_

Current Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

UNCP Faculty Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you been in the U.S. in a **J-1 status** during the PREVIOUS THREE YEAR PERIOD? □ YES □ NO

If YES, please list your visa type, dates, duration, sponsor - if any - and attach a photocopy of any immigration document you may have. Use additional sheet of paper if necessary.

Visa Type Date it was issued Date of expiration Sponsor Purpose

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Are you CURRENTLY in the U.S. in any OTHER Non-immigrant status (e.g., F-1, F-2, B-1, B-2, H-4, etc)?

□ YES □ NO

Visa Type Date it was issued Date of expiration Sponsor Purpose

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Please indicate if you have any plans of traveling outside of the U.S.

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Are you currently in the U.S. in J-1 status and desire to transfer to UNCP? (If you are not in the U.S. answer “No”)

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□ YES □ NO If YES, in which category?

If YES, please complete the information below

Curriculum/Research Area & Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current DS-2019 Expiration Date \_\_\_\_\_\_\_\_\_\_\_\_ Date you started your J-1 program \_\_\_\_\_\_\_\_\_\_

Current Sponsor (Institution on DS-2019) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Sponsor department/unit\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

J-1 Responsible Officer name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

J-1 Responsible Officer email and telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your current Supervisor’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your current Supervisor’s email and telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

UNCP Department you wish to join\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your primary contact at UNCP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your UNCP contact’s email \_\_\_\_\_\_\_\_\_\_\_\_\_ Date you wish to start (if eligible) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Funding Information**

By federal regulation, Form DS-2019 for foreign nationals cannot be issued without documentation of funding for minimum maintenance costs for the full period covered by the DS-2019. The current required minimums to cover living expenses & health insurance are: **$1,500** for the principal visitor per month. Please enter the **total amount required for the principal visitor’s entire stay** (multiply the monthly amount for the number of months the Scholar will spend at UNCP). Also specify the source of funding and each funding amount. Please attach written documentation in English of the source and exact amount of funding (in US dollars), such as UNCP offer letter, letter on letterhead from other funding institution, bank statement (statement cannot be more than 3 months old). Please note that if a range of funding is given such as $1,400 - $1,800, IP will use the lower amount of the range when calculating the financial information.

**Source of Funding Amount**

□ UNCP (Direct payment or via grant) \_\_\_\_\_\_\_\_\_\_\_

□ The Exchange Visitor’s Government (In English and in U.S. Dollars. Attach support letter) \_\_\_\_\_\_\_\_\_\_

□ All other organizations (In English and in U.S. Dollars. Attach support letter) \_\_\_\_\_\_\_\_\_\_\_

□ Personal Funds (In English and in U.S. Dollars. Attach current bank statement in US dollars \_\_\_\_\_\_\_\_\_\_\_

**Total**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

See below for needed funding information for dependents.

***CHEPD scholars are not permitted to bring dependents on J-2 status.***

**Dependent Information**

Family members that will accompany the J-1, during the program of research are defined as J-2 Dependents, the spouse and unmarried minor children (under 21 years of age) of the J-1 exchange visitor.

The UNCP hosting department can determine whether your bringing dependents is appropriate for the program of research and can decide not to support dependents at their discretion. Check with your UNCP hosting department to ensure dependents are permitted. ***CHEPD scholars are not permitted to bring dependents on J-2 status.*** Consider the following before you decide to bring a dependent:

* Insurance is required for each dependent
* You must provide funding support for each dependent and show this support in your financial documentation
* Housing is not always available for families
* Resources for school age dependents may include transportation, daycare, medical needs, etc.

The decision to bring dependents must considered in light of program requirements, time commitments, and other aspects of the program.

Provide copies of the passports for each dependent. We will issue each J-2 an individual DS-2019 under the J-1 record.

You must demonstrate that you can personally fund each dependent you bring. Funding from scholarships, your home government, your university, etc. CANNOT support your J-2 dependents.

Funding Requirements:

* Children - $350 for each month of the program of research.
* Spouses - $500 for each month of the program of research.

J-2 Dependents are required to have insurance to cover the program of research. IP will assist with the J-1 exchange visitors with obtaining insurance for their dependents. However, the J-1 exchange visitor will be responsible for paying.

Will any dependents accompany you during your program of research? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, how many dependents? \_\_\_\_\_ Spouse \_\_\_\_\_ Children

SPOUSE Information:
SURNAME/LAST Name (as noted on your passport) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Middle Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MM/DD/YYYY
Gender \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Country of Permanent Residence \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country of Citizenship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CHILD Information:

SURNAME/LAST Name (as noted on your passport) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Middle Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Gender \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Country of Permanent Residence \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country of Citizenship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***If additional dependent information is needed, please provide on a separate sheet.***