J-1 Scholar Department Request Form

This form should be completed by the University department wishing to sponsor a J-1 Exchange Program visitor. Return the completed form to the office of International Services 4-6 months prior to the program start date. Please return to: donahuec@slu.edu.

J-1 Exchange Program Visitor’s name: ____________________________________________

Brief description of field of study: ______________________________________________

What proportion of the appointee’s time will be spent on:

Teaching ______ Research ______ Training ______ Study ______ Patient Care ______ Other ______

Prospective dates of appointment: ____________________ to __________________

Is it likely the appointment be renewed or extended beyond this date? _______________

University location where the visitor will be working: ______________________________

Requirements of the J-1 Exchange Program Visa

- The J-1 Exchange visitor must have sufficient financial resources for the duration of the program.
- Indicate if the University has received government funds specifically marked for “International Exchange” for this visitor. This does not include grant funding for research, only U.S. government funds for “International Exchange” for this person.
- The Exchange program visitor must have verified English language ability.
- The exchange program visitor must check in with the office of International Services upon arrival to the U.S.
- The sponsoring department should notify International Services when the visitor leaves the U.S.
- The primary purpose of the J-1 is for cultural exchange. Please encourage your J-1 visitor to participate in cultural activities through the University and available in the community.

Financial Support

The Visitor’s financial support is from: SLU (yes/no) __________ Other sources (please list) ______________________________________

If from SLU, indicate total amount of SLU funding for duration of program: ________________________________

Are those funds directly from a U.S. Government agency for the express purpose of international exchange? ______________

If yes, identify the name of the agency: ___________________________________ No ______________

(This does not include grant funding for research. Only mark “Yes” when the funds are for “international exchange.”)

Will the visitor receive University medical benefits? Yes ________ No __________

English Language Ability

Is the J-1 visitor fluent in English? Yes ________ No ________ (If no, he or she must submit proof of English proficiency.)

Name of department contact: ____________________________ E-mail: ____________________________

Date Requested: ____________________________ Campus Telephone: ____________________________

Faculty Sponsor: ____________________________ Signature of Sponsor: ____________________________

Department Chair: ____________________________ Signature of Chair: ____________________________

Dean: ____________________________ Signature of Dean: ____________________________