

J-1 NON-DEGREE STUDENT GENERAL INFORMATION

ELIGIBILITY FOR J-1 STUDENT STATUS

College and University students are eligible for the Exchange Visitor Program only if at any time during their college studies in the United States they meet **one** of the following four criteria:

1. They or their program are financed directly or indirectly by the U.S. Government, the student's home government or an international organization of which the United States is a member by treaty or statute;
2. The exchange program is carried out pursuant to an agreement between the U.S. Government and a foreign government (**must attach a copy of the agreement to the application.**)
3. The exchange program is carried out pursuant to a *written* agreement between: (**must attach a copy of the agreement to the application.**)
 - An American and foreign educational institution
 - An American educational institution and a foreign government
 - A U.S. state or local government and a foreign government;

or

4. The exchange visitor student is supported **substantially** by funding **other than personal or family funds.**

[22 CFR § 62.23(c)]. Participants in this Program will enter the U.S. with a "J-1" visa, identified as "exchange student." A "non-degree" student is engaged full time in a prescribed course of study in a non-degree program of up to 24 months duration.

MINIMUM FINANCIAL SUPPORT

See OISS handout, "International Scholar Expense Estimate" to determine minimum financial support required to host an Exchange Visitor. **Again, substantial amount of funding should come from scholarship, Wayne State University, the student's home university, rather than from personal and/or family funds.**

INSTRUCTIONS FOR WSU HOST DEPARTMENT OR COLLEGE

1. This application consists of two parts (Part A and Part B). Part A is to be completed by the host department. Part B is to be completed by the prospective exchange visitor.
2. **A letter of agreement or invitation must accompany all DS-2019 requests.** The letter must state: (1) program of study; (2) course(s) to be taken; (3) program start and end dates; and (3) terms of the financial arrangements.
3. An IRB made payable to OISS for \$225.
4. The WSU Host Department/College must send, bring or fax completed materials (Parts A and B with any required supporting documentation) to: OISS, 42 W. Warren, Suite 416; or fax to (313) 577 2962.

NOTE: Department of State regulations require that all J-1 students and their dependents carry a comprehensive health plan for the duration of appointment at WSU. This health insurance must include **Repatriation and Medical Evacuation** which is not covered by the WSU's health insurance plan. It can be purchased separately at OISS.

J-1 Form DS-2019 Request: To Be Completed by WSU Host Department

Name of Student: _____
Family Name Given Name Middle Name

WSU Host Department: _____ College/Division: _____

Department Address: _____ Department Contact: _____

Phone: _____ Fax: _____ E-mail: _____

PURPOSE OF THE FORM (CHECK ALL THAT APPLY):

- initial DS-2019
- the applicant is overseas and will be applying for a U.S. visa abroad
- the applicant is in the U.S. in another immigration category and will apply for change of status
- the applicant is currently in J-1 status at another U.S. institution and will transfer to WSU
- the applicant is currently with another WSU department and wish to transfer to our department
- extension of current program of study without change
- facilitate entry of spouse and/or children to the U.S.
- replacement Form DS-2019
- other _____

WSU ACADEMIC PROGRAM INFORMATION

Program of Study _____ Begin Date _____ End Date _____
month/day/year month/day/year

Expected Arrival Date: _____ Is this date flexible? Yes No

Specific Discipline: _____ Program Objective: _____
(i.e., biomedical engineering/medicine)

J-1's Site of Study/Activity: _____
including Zip Code

FUNDING INFORMATION

During the period of study, financial support for this student will be provided by one or more of the following.
Written evidence is required, such as a scholarship, exchange program agreement, a letter from an appropriate government agency, a bank certificate, etc.

NOTE: Government funds made available for a specific research goal or to the principal research investigator and not for the use of supporting an exchange visitor or exchange program, should be designated as funds from Wayne State University.

- Wayne State University \$ _____
- U.S. Gov't Agency(ies) _____ \$ _____
name(s)
- The Exchange Visitor's Government _____ \$ _____
name(s)
- Int'l Organization(s) _____ \$ _____
name(s)
- Other Organization(s) _____ \$ _____
name(s)
- Personal Fund \$ _____
- Exchange Agreement between WSU and Foreign Institution
(A copy of the agreement must be attached)

Name of Host Dept. Contact _____ Title: _____

Signature: _____ Date: _____

J-1 Form DS-2019 Request: To Be Completed by Student

Name of Student: _____

Family Name
Given Name
Middle Name

Gender: Male Female Check here if you have previously attended WSU as a Scholar Student.

Check appropriate category of study at WSU: Non-Degree Bachelors Master's Doctorate

Check here if you have previously visited the U.S. If checked, please explain in detail on the back of the form.

Check here if you have applied for a **waiver** of the Two Year Home Country Physical Presence requirement. If so, please explain in detail on the back of the form.

Date of Birth: _____ Place of Birth: _____

Month/day/year
City
Country

Country of Citizenship: _____ Country of Permanent Residence: _____

Position or Title in Home Country: _____ Employer: _____

Foreign Address: _____

U.S. Address: _____

Phone: _____ Fax: _____ E-mail: _____

If you are already in the United States, please indicate your current immigration status (F-1, J-1, H-1B1, etc.): _____ (please attach a copy of your current immigration documents, such as DS-2019, I-20, I-797 Notice, etc.)

Date First Entered U.S. as J-1: _____ I-94 #: _____

SEVIS ID#: _____

If your family (spouse and/or children under 21 years of age) will accompany you to the United States, please complete the box below.

Name (Family, Given) & Relationship	City of Birth	Country of Birth	Date of Birth (mo/day/yr)	Country of Residence

INSURANCE STATEMENT (Please read and sign the following statement).

I understand that, per the requirement from the U.S. Department of State, during my period of appointment at Wayne State University as a J-1 Exchange Visitor, I must comply with the Department of State (DOS) regulations which require that I purchase health insurance for myself and my accompanying J-2 dependents (spouse and children), if applicable, throughout the duration of my/our visit in the U.S. I understand that failure to comply with this requirement will result in termination from the Exchange Visitor Program at Wayne State University.

Signature
Date

MAIL OR SEND THIS SHEET BY FAX TO YOUR HOST DEPARTMENT AT WAYNE STATE UNIVERSITY. BE SURE TO INCLUDE COPIES OF YOUR CURRENT IMMIGRATION DOCUMENTS (IF ALREADY IN THE U.S.) AND VERIFICATION OF FINANCIAL SUPPORT (IF OTHER THAN WAYNE STATE).