

ELEGIBILITY 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.

SECTION A: TO BE COMPLETED BY WSU HOST DEPARTMENT/COLLEGE

STUDENT INFORMATION		
Family Name	Given Name	Middle Name
HOST DEPARTMENT/COLLEGE INFORMATION		
Department	College/Division	
Address		
Contact Name	Email	
Phone	Fax	
PURPOSE OF THE FORM (CHECK ALL THAT APPLY)		
<input type="checkbox"/> Initial DS-2019 <input type="checkbox"/> The applicant is overseas and will be applying for a U.S. visa abroad <input type="checkbox"/> 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 <input type="checkbox"/> The applicant is currently with another WSU department and wish to transfer to our department extension of current program of study without change <input type="checkbox"/> Facilitate entry of spouse and/or children to the U.S. replacement Form DS-2019 <input type="checkbox"/> Other		
WSU ACADEMIC PROGRAM INFORMATION		
Program of Study	Start Date	End Date
Expected Arrival Date	Is this date flexible? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Specific Discipline: <i>(i.e. Biomedical Engineering)</i>	Program Objective	
J-1's Site of Activity <i>(Address, including Zip Code)</i>		
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.		
<i>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.</i>		
Source <i>(Please list names for sources other than WSU and Personal Funds)</i>	Amount	
<input type="checkbox"/> Wayne State University		
<input type="checkbox"/> U.S. Govt Agency(ies):		
<input type="checkbox"/> Exchange Visitor's Govt:		
<input type="checkbox"/> Int'l Organization(s):		
<input type="checkbox"/> Other Organization(s):		
<input type="checkbox"/> Personal Funds		
<input type="checkbox"/> Exchange Agreement between WSU and Foreign Institution <i>(A copy of the agreement must be attached)</i>		
Dept. Contact Name	Title	
Signature	Date	

SECTION B: TO BE COMPLETED BY STUDENT

PERSONAL INFORMATION				
Family Name		Given Name		Middle Name
Date of Birth	Place of Birth <i>(City and Country)</i>		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	
Country of Citizenship			Country of Permanent Residence	
Position or Title in Home Country			Employer	
Foreign Address				
U.S. Address				
Phone	Fax	Email		
Have you previously attended WSU? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes. Was it as a: <input type="checkbox"/> Student <input type="checkbox"/> Scholar	
Category of study at WSU: <input type="checkbox"/> Non-Degree <input type="checkbox"/> Bachelors <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate				
<input type="checkbox"/> Check here if you have previously visited the U.S. If checked, please explain in detail on the back of the form.				
<input type="checkbox"/> Check here if you have applied for a waiver of the Two Year Home Country Physical Presence requirement. If so, please explain on the back of the form.				
If you are already in the United States, please indicate your current immigration status (F-1, J-1, H1-B, etc.). Please attach a copy of your current immigration documents such as DS-2019, I-20, I-797 Notice, etc.				
If you are currently in the U.S. on a J-1 visa please complete the following:				
Date First Entered as J-1		I-94 Number		SEVIS ID
DEPENDENT INFORMATION				
If your family (spouse and/or children under 21 years of age) will accompany you to the U.S., please list them below				
Name	Relationship	City, Country of Birth	Date of Birth	Country of Residence
INSURANCE STATEMENT (Please read and initial 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.				
<input type="checkbox"/> I have read, and understand the Health Insurance requirement: _____ (initials)				
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).