

NAME OF VISITOR: _____ **COUNTRY:** _____

PERIOD OF STAY REQUESTED: _____ to _____
Beginning: Month / Day / Year Ending: Month / Day / Year

Name of Host Liaison: _____ **Liaison's E-mail:** _____

INFORMATION & REGULATIONS

All J-1 Exchange Visitor Requests should be completed and sent to the International Student Affairs Office at 5235 Rockhill Road. Processing time takes a **minimum of 3 working days**. Remember that the scholar may need several months to apply for and receive a visa. **The requesting host is responsible for providing accurate information and for sending immigration documents to the visitor.**

J-1 Exchange Program positions are **NOT** to be offered as tenure track positions. Careful consideration should be given to the chosen category for the scholar. In most cases, the visitor will be a Research Scholar, but if you are unsure, contact an Exchange Visitor Advisor (Responsible Officer / Alternate Responsible Officer) at the International Student Affairs Office.

Visa documentation sent to a prospective J-1 Exchange Visitor legally binds the requesting host unit to the terms cited. The U.S. State Department (DOS) requires UMKC's ISAO as sponsor to terminate an exchange visitor's participation in our program if we determine that the exchange visitor and/or any dependent willfully fails to remain in compliance with visa requirements. **The U.S. State Department requires each Exchange Visitor to have insurance coverage in effect for the Exchange Visitor and his/her dependent spouse and children during the entire program period.** At a minimum, DOS specifies that the insurance coverage shall include:

- **Medical benefits of \$50,000 per person per accident or illness; Repatriation of remains in the amount of \$7,500;**
- **Expenses associated with medical evacuation in the amount of \$10,000; and**
- **A deductible not to exceed \$500 per accident or illness**

- * I certify that Health Insurance as stated above will be provided to the visiting scholar by UMKC or will be paid by the visiting scholar with personal funds. **(If coverage is provided by another insurance carrier, policy terms must be in English.)**
- * I have provided the required copy of the Exchange Visitor's Résumé/Vita and a copy of the offer letter that has been signed by the J-1 applicant. **(DS-2019 will not be issued without signed and dated copy of the offer letter.)**
- * **I certify that the exchange visitor has not been physically present in the U.S. on a J-1 visa for any part of the 12-month period immediately preceding the program start date unless their stay was less than 6 months, they are transferring from another institution or they were present as a short-term scholar.**
- * **I certify that the exchange visitor has not participated in or completed a research or professor exchange visitor program within the last 24 months.**
- * I also certify that the information provided on this request form is accurate to the best of my knowledge.

_____	_____	_____
Printed Name of Faculty Requesting J-1 Exchange Visitor	Signature	Department and Phone number
_____	_____	_____
Printed Name of Department Chair / Head	Signature	Title
_____	_____	_____
Printed Name of Dean	Signature	Title

INSTRUCTIONS.

- Complete Request Form. Incomplete requests will be returned.
- Dean or his/her representative must sign the Form.
- Review Information & Regulations before submitting.
- Submit completed form, resume and copy of signed letter of appointment to an Exchange Visitor Advisor at ISAO.

**INTERNATIONAL STUDENT AFFAIRS
UNIVERSITY OF MISSOURI-KANSAS CITY
5235 ROCKHILL ROAD
KANSAS CITY, MO 64110-2499**

TELEPHONE: 816-235-1113 FAX: 816-235- 6502

Office use

ARO: _____

med evac/repat. scholar ins.

All fields are required.

ACCOMPANYING DEPENDENTS:

Marriage license or other proof of marriage/family identity and birth certificates for each child must accompany any request for a J-2 dependent.

1.	_____	_____	_____
	(Family Name)	(First Name)	(Gender)
	_____	_____	_____
	Date of Birth: (Month / Day / Year)	Place of Birth (City)	(Country)
	_____	_____	_____
	Country of Citizenship	Country of Legal Permanent Residence	Relationship to Exchange Visitor: (Spouse/Child)
2.	_____	_____	_____
	(Family Name)	(First Name)	(Gender)
	_____	_____	_____
	Date of Birth: (Month / Day / Year)	Place of Birth (City)	(Country)
	_____	_____	_____
	Country of Citizenship	Country of Legal Permanent Residence	Relationship to Exchange Visitor: (Spouse/Child)
3.	_____	_____	_____
	(Family Name)	(First Name)	(Gender)
	_____	_____	_____
	Date of Birth: (Month / Day / Year)	Place of Birth (City)	(Country)
	_____	_____	_____
	Country of Citizenship	Country of Legal Permanent Residence	Relationship to Exchange Visitor: (Spouse/Child)
4.	_____	_____	_____
	(Family Name)	(First Name)	(Gender)
	_____	_____	_____
	Date of Birth: (Month / Day / Year)	Place of Birth (City)	(Country)
	_____	_____	_____
	Country of Citizenship	Country of Legal Permanent Residence	Relationship to Exchange Visitor: (Spouse/Child)
5.	_____	_____	_____
	(Family Name)	(First Name)	(Gender)
	_____	_____	_____
	Date of Birth: (Month / Day / Year)	Place of Birth (City)	(Country)
	_____	_____	_____
	Country of Citizenship	Country of Legal Permanent Residence	Relationship to Exchange Visitor: (Spouse/Child)
6.	_____	_____	_____
	(Family Name)	(First Name)	(Gender)
	_____	_____	_____
	Date of Birth: (Month / Day / Year)	Place of Birth (City)	(Country)
	_____	_____	_____
	Country of Citizenship	Country of Legal Permanent Residence	Relationship to Exchange Visitor: (Spouse/Child)

**Check list for Requesting that ISAO issue a DS-2019,
Certificate of Eligibility for your Exchange Visitor:**

- Completed and signed Exchange Visitor Request form
- Offer letter to participate in a UMKC exchange visitor program, signed in agreement by the invitee
- Financial documents supporting the minimum amounts as stated on the Exchange Visitor Request form.
 - If the offer letter states that the Exchange Visitor will be paid by UMKC, you need not submit this document.*
- Copies of passports of proposed exchange visitor (optional)
- Exchange visitor's C.V. or Resume

Incomplete packets will be returned to the Academic Unit for review and resubmission with a letter from an alternate responsible officer stating the reasons the packet is incomplete.

Upon completion of your request, ISAO will notify the Host liaison as stated on page one of the Exchange Visitor Request form to pick up the Exchange Visitor's invitation packet. If you would like someone other than the host liaison to pick up the packet, please email an Exchange Visitor advisor at isao@umkc.edu.