UMKC
International Student Affairs

J-1 EXCHANGE VISITOR REQUEST FORM

NAME OF EXCHANGE VISITOR: _____

Name of Sponsoring Faculty/Host Designee: _____ **E-mail**: _____

INFORMATION & REGULATIONS

The requesting department 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 exchange visitor. If you are unsure, contact an Exchange Visitor Advisor at the International Student Affairs Office at 816-235-1113.

A rule published Oct. 6, 2014, altered the underlying English language proficiency to: "sufficient proficiency in the English language, **as determined by an objective measurement of English language proficiency**, successfully to participate in his or her program **and to function on the day-to-day basis**." [22 C.F.R § 62.11(a)(2)]

Visa documentation sent to a prospective J-1 Exchange Visitor legally binds the requesting host unit to the terms cited. The U.S. Department of State (DOS) requires UMKC's ISAO, as the Program 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. Department of State 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 at least USD $100,000 per person per accident or illness**
- **Repatriation of remains in the amount of USD $25,000**
- **Expenses associated with medical evacuation in the amount of USD $50,000**
- **A policy secured to fulfill the insurance requirements shall not have a deductible that exceeds USD $500 per accident or illness**

All regulations surrounding J-1 visas can be reviewed at: https://j1visa.state.gov/basics/

✓ ***I certify that Health Insurance as stated above will be provided to the exchange visitor by UMKC or will be paid by the exchange visitor 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 Requesting Faculty or Individual | Signature | Department and Phone number

_____

Printed Name of Dept Chair/Head, or Partner Institution Designee | Signature | Title

_____

Printed Name of Dean, or Partner Institution Designee | Signature | Title

REQUIRED DOCUMENTS

1. **Completed/signed Request form (this form)**
2. **Official and signed UMKC offer letter (or Partner Institution offer letter)**
3. **Proof of funds (official bank statements, sponsorship letters, scholarship letters, etc.)**
4. **Copy of passport**
5. **C.V. or Resume**
6. **Additional documentation for dependents (if applicable)**
7. **Proof of English proficiency (pages 4-5 of this form)**

THIS SECTION MUST BE COMPLETED BY UMKC REQUESTING FACULTY

All fields are required.

NAME of VISITOR: _____
(Family/Last Name) (First Name)

DATE OF BIRTH:_____ **GENDER:** ◯ Male ◯ Female
(Month / Day / Year)

CITY OF BIRTH: _____ **COUNTRY OF BIRTH**: _____

COUNTRY OF CITIZENSHIP: _____ **COUNTRY OF LEGAL PERMANENT RESIDENCE**: _____

EMAIL ADDRESS: _____ **PHONE:** _____

MOST RECENT JOB/POSITION IN HOME COUNTRY: _____

EXCHANGE VISITOR CATEGORY*:* These are the only categories that are authorized to UMKC by the U.S. Department of State

◯ **RESEARCH SCHOLAR** ◯ **SHORT-TERM SCHOLAR** ◯ **PROFESSOR**

REFER TO OUR WEBSITE FOR INFORMATION ON J-1 VISA CATEGORIES
Please ensure you are bringing your visitor over in the correct category. Incorrect categorization of an exchange visitor could cause problems for any future visas they may apply for.

SUBJECT FIELD CIP CODE: _____

(Search for CIP Codes **HERE**)

EXPLAIN, IN DETAIL, EXACTLY WHAT THE VISITOR WILL BE DOING AT UMKC. This information will be reported to the U.S. Department of State and U.S. Department of Homeland Security:

PERMANENT ADDRESS IN HOME COUNTRY: _____
(House or Flat No. and Street Name)

_____
(City and Post Code) (Country)

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

PROOF OF FUNDS

Documentation must be submitted with application (official bank statements, scholarship letters, sponsorship letters, etc.)

Must show enough funding to cover $28,700/year plus an additional $8,400/year per dependent spouse/child(ren).
These amounts can be pro-rated for a partial-year program.

☐ Host Department or Unit at UMKC $_____

☐ U.S. Government agency, provided specifically for international educational or cultural exchange. Government sources also include bi-national ("Fulbright") commissions. $_____

☐ Exchange visitor's home Government with funds contributed directly to the exchange visitor for use in connection with participation in an Exchange Visitor's Program (e.g. China Scholarship Council) $_____

☐ International organization(s), provided specifically for international exchanges. International organizations also include the United Nations. $_____
Organization title: _____

☐ Any other organization providing support: _____ $_____

☐ Personal / Family funds $_____

ACCOMPANYING DEPENDENTS: CHILDREN MUST BE UNDER 21

- **Spouse: include passport copy, marriage license/proof of marriage (in English or with translation)**
- **Each child: include passport copy, birth certificate (in English or with translation)**

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 (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 (Spouse/Child)**

REQUIRED ENGLISH LANGUAGE PROFICIENCY

Please choose ONE of the following options and attach documentation.
(Exchange Visitors from English speaking countries are exempt)

OPTION #1:

◯ **RECOGNIZED ENGLISH LANGUAGE TEST (TOEFL>79iBT, IELTS>6.0): Official scores must be sent to UMKC directly (we cannot process until we receive official scores directly from the test center).**

TEST NAME: _____ **DATE:** _____

OPTION #2:

◯ **DOCUMENTED INTERVIEW CONDUCTED BY UMKC SPONSOR (PHONE, SKYPE/VIDEO, or IN-PERSON ONLY, EMAIL IS NOT ALLOWED)**

NAME OF INDIVIDUAL CONDUCTING INTERVIEW: _____ **TITLE:** _____

DATE OF INTERVIEW: _____ **METHOD:** _____

SCORING:

1	2	3
Understood the question and answered without hesitation. Developed clear answers at least 2-3 minutes in length and in response to multiple, open-ended questions and behavioral questions about academic topics.	Question had to be repeated 1-3 times and explained. Answer was short with hesitations.	Question had to be repeated multiple times and more slowly. Answer was very short; Scholar paused between words or sentences or did not fully answer the question.

	1	2	3
• **Please introduce yourself and describe your educational background including current and past research goals.**	◯	◯	◯
• **What do you expect to learn about American culture and society? What would you like to learn? What kinds of activities are you hoping to participate in?**	◯	◯	◯
• **What skills or knowledge do you expect to gain while participating in your program at UMKC? How will you apply them in your home country?**	◯	◯	◯
• **Have you ever lived or worked in a native English-speaking environment? What issues are you worried about upon entering the U.S?**	◯	◯	◯
• **Additional Question:**	◯	◯	◯
• **Additional Question:**	◯	◯	◯
• **Additional Question:**	◯	◯	◯
• **Additional Question:**	◯	◯	◯

Based on this interview, I certify that the following is true and correct [PLEASE CHECK ONE]:

◯ **YES:** The exchange visitor was able to understand and answer the interview questions. The exchange visitor will be able to handle communication in English in his or her own field and will be able to understand their responsibilities, rights, protections, safety precautions, regulations, and instructions in English to be able to function on a day-to-day basis. When the exchange visitor comes for check-in, they will be able to understand and answer all questions asked and all instructions given. By checking "Yes", I and my department, understand that if the exchange visitor is found to NOT have the required English, their immigration records will not be validated and they will need to depart the U.S. and return home.

- Does anyone within your department speak the same language as the exchange visitor?
  - ◯ Yes
    - NAME: _____
    - Would they be able to translate for the exchange visitor if they require more detailed explanations of any complex instructions, regulations, responsibilities, etc.?
      - ◯ Yes
      - ◯ No
  - ◯ No

- Will the exchange visitor be taking incidental English language classes in Kansas City to improve their English?
  - ◯ Yes
  - ◯ No

◯ **NO:** The exchange visitor was not able to sufficiently understand or answer the interview questions. The exchange visitor will not be able to handle communication in English in his or her own field and will not be able to understand their responsibilities, rights, protections, safety precautions, regulations, or instructions in English to be able to function on a day-to-day basis.

Interviewer Name	Signature	Date
Title	Department	Phone