



Visa & Immigration Service Advising
1 Old Dominion University
Norfolk, VA 23529 USA
T: 757-683-4756, F: 757-683-5196
www.odu.edu/visa; intlstu@odu.edu

Exchange Visitor Packet Departmental Request to Mentor ODU Exchange Visitor VHS CAMPUS

Sponsoring Department Checklist

Visa and Immigration Services Advising (VISA)

The Visa and Immigration Service Advising (VISA) Office serves as the university's designated sponsor for the J-1 Exchange Visitor Program and guides departments, host supervisors, and exchange visitors through the J-1 visa process from start to finish. VISA reviews all submitted documentation to determine eligibility for J-1 sponsorship, ensures compliance with federal regulations, and issues the Form DS-2019.

DOCUMENTS TO SUBMIT TO VISA

- **Exchange Visitor Packet - Departmental Request to Mentor ODU Exchange Visitor** (pages 3-5)
 - Scholars: **Signed Old Dominion University Volunteer or Visiting Scholar Agreement.**
 - Student Interns: **Old Dominion University Volunteer & Visiting Scholar Agreement & Student Research Volunteer Agreement & DS-7002**
- **Passport:** A copy of the scholar's passport identification page with expiration date as well as any dependents that will remain with the principal J-1 scholar.
- **CV or Résumé:** Include a copy of the scholar's CV or résumé.
- **Financial Documentation:** Provide a letter from sponsor, home university, or government agency showing the amount of funds and period of time covered by the funds. IF the exchange visitor (EV) will not be funded by Old Dominion University or Old Dominion University Research Foundation. Review page 5 of this form for information about minimum funding for scholars and, if applicable, their dependents. Scholars alone should earn at least \$1,975 per month and funding should be shown in the total amount for the validity of the visa document.
- **Letter of Invitation:** Provide a letter on letterhead inviting the scholar; include the dates of the exchange as well as the objective(s) with a brief non-technical explanation of the research/activity that is to be completed. The letter of invitation should also stipulate that the inviting faculty member agrees to on-going supervision of the scholar.
- **Letter of Agreement:** Provide a letter on letterhead from the scholar's employer or institution specifying the dates during which the exchange will take place, how it will benefit the scholar's research at the home institution and an acknowledgment of leave time for the visit. Not required for post-doc researchers.
- **Proof of Language Proficiency:** Submit the approved English Proficiency Assessment Certificate. Please see page 2 for more details.
- **Previous J Status for Professors or Research Scholars:** Verify if s/he has been in the U.S. in J-1 or J-2 status at any time during the 24 months preceding date of the new program.
- **Dependents (if any):** On a **typed** separate sheet— the following information for each accompanying family member: Family name, first name / Birth date / Relationship (son/daughter/spouse) / City & country of birth / Country of citizenship.

UPON RECEIVING DS-2019

- **Documentation to Exchange Visitor:** Upon completion of the form DS-2019 by VISA, the DS-2019 and related documentation will be scanned via email to the visitor so that s/he may apply for a visa at a U.S. consulate.
- **Arrival Updates:** The Exchange Visitor **must** arrive by the begin date in section 3 on the DS-2019 or notify VISA via e-mail of the new arrival date before the begin date of the DS-2019. If the date is not amended, the record will automatically be invalidated by the Department of State and the scholar will be refused entry at the border.

SCHOLAR ARRIVAL:

- **Arrival Assistance:** The **inviting professor will assist the visitor with "settling in" and housing after arrival.**
- **Orientation, Immigration Check-In & Employment Paperwork:** Contact VISA (intlstu@odu.edu) to make an appointment for check-in. The EV must be checked in at the VISA office **within the first few business days after arrival in the U.S.** so the proper documentation can be copied and the immigration (SEVIS) record can be updated to prevent automatic termination. Also, if applicable, employment paperwork will be completed with VISA.
- **Health Insurance:** Federal law requires that all J-1s and their dependents have and maintain health insurance at **ALL** times in the U.S. Scholars should carefully review the information about the insurance included in their packet.



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PROCESSING STEPS AND FEES:

Processing Time: 4-6 Weeks

English Language Proficiency Interview Fee (if applicable): \$50 (requested via ELC)



Acceptable English Proficiency Assessment Exams

J-1 regulations specify that all exchange visitors must have the ability to speak, understand, read and write the English language at a level that will allow them to participate not only in their research but also in cultural and social exchanges outside their area of expertise. When the scholar makes his/her application for the visa at the U.S. consulate, an interview is conducted in English and, based on the applicant's proficiency, the officer has the right to deny the visa.

In order to ensure the Exchange Visitor's understanding of day-to-day English conversation outside of the academic research, please submit one of the following:

Please note: These are the minimum scores that must be provided.

- Paper-based TOEFL (PBT): 500
- Internet-based TOEFL (iBT): 61
- IELTS (International English Language Testing System): 5.5
- PTE (Pearson's Test of English): 44
- CAE (Cambridge English-Advanced): Grade C
- CPE (Cambridge English-Proficient): C1
- DuoLingo: 75

A prospective Exchange Visitor candidate may also submit:

- Bachelor's, Master's, or doctoral degree equivalent from an accredited institution in a country where English is the native language;
- Evidence of citizenship of a country whose official language is English.
- A signed letter from a recognized U.S. academic institution or U.S. accredited English language school indicating prospective exchange visitor's level of English proficiency. The letter must be on the institution's official letterhead and:
 - 1) dated within the last two years;
 - 2) state the dates when the potential scholar attended the institution or school; and
 - 3) affirm that the prospective exchange visitor achieved at least intermediate level skills.

If the exchange visitor does not have one of the test scored listed above, you may submit the DS-2019 Request Application without the English Proficiency Requirement. VISA will schedule an interview for the scholar to assess English Proficiency. The interview fee is \$50.

PLEASE NOTE: These requirements are subject to change by VISA based on new/updated regulations.



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Please allow 4-6 weeks for processing.

The faculty member who completes and signs this form is accepting full responsibility for ensuring that the Exchange Visitor remains compliant with the Department of State Exchange Visitor Regulations as well as compliant within ODU Policy & Procedures. You may e-mail VISA for specific questions or concerns as well as other duties with regard to the visitor's stay with ODU (intlstu@odu.edu.)

Visitor's Information (TO BE COMPLETED BY DEPARTMENT)

Family/Surname: _____	First/Given Name : _____
Middle Name (if any): _____	Scholar's E-mail: _____
Birth date: ____/____/____ (MM/DD/YYYY)	Gender: Male Female
City of Birth: _____	Country of Birth: _____
Country of Permanent Residence: _____	Position in Home Country: _____
Type of Employer: University/Secondary School Private Institution	Government Agency Other _____
If a student, what is the educational level?	Bachelor's Master's Ph.D
Field of Study/Research Subject: _____	
Will spouse or child(ren) be accompanying you to ODU? Yes No	
If yes, please submit complete information based on page 5 on a separate paper.	

Visitor's Activity

Begin a new program	Transfer to ODU from another sponsor Attach copies of all previous DS-2019s
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Dates of Appointment at ODU

From ____/____/____ To ____/____/____ (5 yr. max.) Primary Activity at ODU: Teaching Research

Will visitor be doing research or teaching anywhere besides the Old Dominion University campus? Yes No

If 'yes,' please list each physical location:

Addresses

Permanent Address in Home Country: _____ Home Country Telephone: _____

Address in U.S., if currently here: _____ U.S. telephone number: _____

Actual Funding (See page 5)

Is the Visitor paid by: ODU ODURF

If so total amount _____ per month year

Other funding sources:
 U.S. government agencies _____
 Int'l organizations (e.g. UN, WHO, etc.) _____
 Scholar's home government _____
 All other organizations _____
 Personal funds _____

Total of all funding sources \$ _____

Visa Status History

Has the visitor been in the U.S. during the past 24 months?
 Yes No

If "yes", in what visa status (e.g. F-1, J-2)? _____

If "yes" and s/he was in J-1 or J-2 status, please give the dates:
 (MM/YYYY) ____/____ -- ____/____
 (MM/YYYY) ____/____ -- ____/____

PLEASE NOTE: Prior participation in the Professor or Research Scholar category (J-1 or J-2) will subject the prospective EV to the "24-month bar" on repeat participation or 12-month bar if time was spent in any J visa status.



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Medical Campus Questionnaire

Patient Contact Information:

Will the prospective exchange visitor have direct patient contact?

Yes No

If yes, please explain extent of contact.

Patient Contact Rules/Restrictions:

If there is patient contact the dean of the program must certify the following five points:

- The program is predominantly observation, consultation, teaching or research;
- Any incidental patient contact will be under the direct supervision of a U.S. citizen or resident alien who is licensed to practice medicine in the State in which the activity is taking place;
- The foreign national physician will not be given final responsibility for the diagnosis and treatment of patients;
- Any activities will conform fully with the State licensing requirements and regulations for medical and health care professionals in the State in which the program is being pursued; and
- Any experience gained will not be creditable towards any clinical requirements for medical specialty board certification.

I understand and attest to the rules regarding patient contact listed above.

Host faculty signature: _____

Dean Signature : _____

J-1 Alien Physician History:

Was the prospective exchange visitor previously a J-1 Alien Physician sponsored through the ECFMG international medical resident program?

Yes No

If yes, does the scholar have a 2-year home residency that is unsatisfied?

Yes No



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Continuation for Exchange Visitor Packet VHS CAMPUS

Description of Exchange Visitor's Duties:

What are the goals and objectives of the exchange?

What specific knowledge, skills, or techniques will be acquired?

What plans has the department put into place for the Exchange Visitor to participate in American cultural activities (this is a requirement of the Department of State)?

How will visitor share cultural and research knowledge gained at ODU with home institution/company?

Reminders to requesting faculty member: have you submitted/attached all required documents:

- | | |
|--|-------------------------------|
| 1. English Proficiency | 5. Signatures on Request Form |
| 2. Letter of Invitation | 6. Financial Funding |
| 3. Letter of Agreement | 7. C.V./Resume |
| 4. DS-2019 Form, V/VS Agreement,
and DS-7002 (interns only) | 8. Passport Identity Page |

VISA USE ONLY. Comments :

Financial Documentation Requirements

Financial support for scholar and dependents must be renewable and cover the entire period of the EV's stay. Be specific and attach documentation, in English, from the provider for any source of support. Indicate amount in equivalent U.S. dollars. Minimum amount needed **per month—hourly rates should be converted as appropriate:**

Visitor alone: \$1975

Visitor, spouse & two children: \$2500

Visitor & spouse: \$2200

Visitor, spouse & three children: \$2600

Visitor & child—**no spouse**: \$2300

Visitor, spouse & four children: \$2700

Visitor, spouse & one child: \$2400

Beyond four children, add \$100 for each additional child.

If dependent family members will **ACCOMPANY** the visitor, please include—on a TYPED separate sheet— the following information for each accompanying family member:

- Ⓢ Family name, first name
- Ⓢ Birth date
- Ⓢ Relationship (son/daughter/spouse)
- Ⓢ City & country of birth
- Ⓢ Country of citizenship

REQUIREMENTS FOR RESPONSIBLE FACULTY MEMBER (INITIAL EACH STATEMENT)

I certify that I have read the attached description and, to the best of my knowledge, can verify that the above information and the items below are accurate.

I accept responsibility for on-going supervision and progress assessment. I will report to VISA should the exchange visitor depart or be terminated from the University.

I have read the Sponsoring Department Checklist—on the first page of this application—and understand that each of the items must be followed to ensure that the EV's visa status is maintained so the University can comply with federal law.

I understand the exchange visitor is required to purchase health insurance meeting VISA requirements. I understand that as an inviting faculty, I will assist the scholar with "settling in" and housing after arrival.

If student intern, I understand that I must also complete a Form DS-7002.

Responsible Faculty Member (individual with whom the scholar will be working)

In signing below, I verify my understanding of the responsibilities and requirements as the faculty member supervising the scholar named on this form.

Signature _____ Name _____ Date _____

Phone _____ E-Mail _____ Department _____

Department Head (individual to whom the Responsible Faculty Member reports)

In signing below, I verify my understanding of the responsibilities and requirements as the head of the inviting department.

Signature _____ Name _____ Date _____

Phone _____ E-Mail _____

Dean of College

In signing below, I agree for the exchange visitor to conduct research/teaching at ODU.

Signature _____ Name _____ Date _____

Phone _____ E-Mail _____