

# Application for Exchange (J-1) Status

To avoid processing delays in the immigration documents, **be sure to complete all items**, attach appropriate financial documentation, and submit it to Center for International Education, 4245 East Avenue, Rochester, NY 14618 or Fax: 585-389-2372, at your earliest convenience. **Please print clearly or type.** This information will appear on the DS-2019 for the Exchange Visitor.

## PART I - BIOGRAPHICAL INFORMATION

|   |                    |  |  |
|---|--------------------|--|--|
| Name (as it appears on your passport)     |                    |  |  |
|   | Last               | First  | Middle   |
| Permanent Foreign Address                 |                    |  |  |
|   | Number and Street  |  |  |
|   |                    |  |  |
| City                                      | State/Province     | Postal Code  | Country  |
| Mailing Address (if different from above) |                    |  |  |
|   | Number and Street  |  |  |
|   |                    |  |  |
| City                                      | State/Province     | Postal Code  | Country  |
| Telephone number at mailing address       |                    | Email  |  |
| Date of Birth                             |                    | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | Marital Status ( <i>optional</i> ) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other |
|   | Month / Day / Year |  |  |
| City of Birth                             |                    | Country of Birth   |  |
| Country of Citizenship                    |                    | Passport # (provide a copy of passport photo ID page.)               |  |
| Country of Legal Permanent Residence      |                    |  |  |

## PART II - EXCHANGE VISITOR'S PROSPECTIVE ACADEMIC ACTIVITY

### VISITOR CATEGORY:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Professor        | <input type="checkbox"/> Student Bachelor's | <input type="checkbox"/> Student Doctorate  |
| <input type="checkbox"/> Research Scholar | <input type="checkbox"/> Student Master's   | <input type="checkbox"/> Student Non-degree |

### LENGTH OF STAY:

|            |  |          |  |                        |  |
|------------|--|----------|--|------------------------|--|
| Begin Date |  | End Date |  | Position or occupation |  |
|------------|--|----------|--|------------------------|--|

|                          |  |
|--------------------------|--|
| Exchange University Name |  |
|--------------------------|--|

|                     |  |
|---------------------|--|
| Major Subject/Field |  |
|---------------------|--|

### DESCRIPTION OF PROPOSED ACADEMIC ACTIVITY

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**PART III - DEPENDENT (J-2) INFORMATION**

Exchange visitor's non-U.S. citizen spouse and children under the age of 21 are eligible to obtain J-2 dependent status.

Will your family members accompany you to the U.S.? ☐ Yes\* ☐ No \* If yes, please complete the information below for all who will accompany you.

|   | Dependent 1 | Dependent 2 | Dependent 3 |
|---|-------------|-------------|-------------|
| <b>Relationship to J-1</b><br>(spouse or child) |             |             |             |
| <b>First Name</b>                               |             |             |             |
| <b>Last Name</b>                                |             |             |             |
| <b>Middle Name</b>                              |             |             |             |
| <b>Birth Date</b><br>(month/day/year)           |             |             |             |
| <b>Birth City</b>                               |             |             |             |
| <b>Birth Country</b>                            |             |             |             |
| <b>Permanent Residence Country</b>              |             |             |             |

**PART IV - U.S. IMMIGRATION INFORMATION**Have you held a J-1 or J-2 status in the past two years preceding this requested program? ☐ Yes ☐ No

How will you obtain J-1 status?

- ☐ I will apply for a J-1 visa at a U.S. consulate/embassy outside the United States.
- ☐ I am in the U.S. in another status and will request to change my status to J-1 within the U.S.

My current status is

- ☐ I am currently in J-1 status and will transfer my J-1 program to Nazareth College.  
(Please provide a copy of your current DS-2019)

Will you be visiting other U.S. universities during your stay at Nazareth College? ☐ Yes ☐ No

If yes, what are your plans?

**PART V - FINANCIAL SUPPORT**

Exchange Visitors are required to show a minimum of \$1,500 per month for living expenses and an additional \$500 per month is required per dependent.

All financial documents must be current at the time of application in order to be considered valid.

Appropriate documents reflecting financial ability include, but are not limited to the following:

- Bank statement, stamped or signed by a bank official
- Account summary or summary of liquid assets, stamped or signed by a bank official
- Affidavit of support, submitted by sponsor & accompanied by financial verification
- Scholarship letter from sponsoring organization outlining dates and terms of scholarship
- Letter from employer stating earning for period of requested stay

**IMPORTANT:** Please specify below how the exchange visitor intends to finance the stay (check all that apply). Official documentation is needed for each type of funding source as verification that funds are available:**Sources of Funds**

- ☐ Personal Funds
- ☐ Funding from Parent/Sponsor
- ☐ Financial Assistance from Nazareth College
- ☐ Government Funding
- ☐ Private Organization/Employer
- ☐ Other

**Amount for Period of Stay in U.S.**

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|  |
|  |
|  |
|  |
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|  |
|  |

**TOTAL:**

## NOTICE OF J-1 EXCHANGE VISITOR INSURANCE REQUIREMENT

The United States Department of State requires health, accident, repatriation, and medical evacuation insurance for participation in the J-1 Exchange Visitor Program. Nazareth College (the sponsor) must require each exchange visitor to have current insurance that covers the exchange visitor (and accompanying dependents) during the period of time that the exchange visitor participates in the sponsor's exchange visitor program.

The Department of State has established minimum requirements for insurance that are designed to protect the exchange visitor and his or her family. Minimum insurance coverage shall provide:

1. Medical benefits of at least \$50,000 per accident or illness;
2. Repatriation of remains in the amount of \$7,500;
3. Expenses associated with medical evacuation of the exchange visitor to his or her home country in the amount of \$10,000; and
4. A deductible not to exceed \$500 per accident or illness.

The Center for International Education at Nazareth College of Rochester will provide a list of health insurance providers upon request to help visitors select a policy before entering the United States. An exchange visitor who willfully fails to maintain the insurance coverage set forth above while a participant in an exchange visitor program, or who makes a material misrepresentation to the sponsor concerning such coverage, shall be deemed to be in violation of these regulations and shall be subject to termination as a participant. A sponsor shall terminate an exchange visitor's participation in its program if the sponsor determines that the exchange visitor or any accompanying dependent willfully fails to remain in compliance with insurance requirements. (22CFR 514.14 of the Federal Regulations Covering the Exchange Visitor Program.).

**I certify that the information on this application is both complete and accurate. I understand that falsifying any part of this application may result in my being refused admission or being required to withdraw from the college. I also certify that I am aware of the health insurance requirements and will abide by these requirements.**

**Applicant Signature**\_\_\_\_\_ **Date**\_\_\_\_\_

**\*\*All J-1 Visa holders must report to the Center for International Education as soon as possible after arrival. Please bring your passport, I-94 card, and DS-2019.**

***Please return this form to:***

**Center for International Education  
Nazareth College of Rochester  
4245 East Avenue  
Rochester, New York 14618-3790**

**Or fax to 585-389-2372**