

## J-1 VISITING SCHOLAR REQUEST FORM

**A. OFFER LETTER:** Copy of offer letter signed by supervising faculty member for the requested period of the J-1 program.

### **B. APPOINTMENT AT HOST ORGANIZATION**

1. Detailed description of duties and in what field:

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2. Please list the cultural activities that exchange visitor will have the opportunity to experience during his/her stay. Examples might include holiday gatherings, trips to sporting events, community volunteering events, and/or the opportunity for the EV to make a presentation about his/her country's culture.

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3. NAME OF PAU SUPERVISOR \_\_\_\_\_

*Supervisor is responsible for signing off on IIE forms and monitoring J scholar in the progress of duties described above.*

**C. LENGTH OF STAY:** Please list the start and end date of the exchange visitor's program at PAU.

Start Date: \_\_\_\_\_ End Date\*: \_\_\_\_\_

\*Is there a chance that PAU may want to extend the exchange visitor's visit? Please explain: \_\_\_\_\_

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### **D. EXPENSES**

**COVERED BY PAU:** \_\_\_\_\_ DS-2019 FEE - \$1350 (\$500 expedited service if necessary)

Please indicate if PAU or scholar will pay the additional visa-related fees (circle one):

\_\_\_\_\_ Visa application fee \$159      Scholar      PAU

\_\_\_\_\_ SEVIS Fee - \$200      Scholar      PAU

**FINANCIAL SUPPORT FROM PAU FOR EXCHANGE VISITOR WHILE IN THE U.S.**

- 1. Amounts must be confirmed in U.S. dollars.
- 2. Estimate of living expenses for one year is \$24,000. Exchange Visitors must show an additional \$5,000/year if accompanied by a spouse and \$3,000/year for each accompanying child.

Host organization fund U.S. \$ \_\_\_\_\_ per \_\_\_\_\_  
 (Amount) (Period week/month/year)

*If PAU will not financially support the exchange visitor while in the U.S. the scholar must provide bank letters that show available funds to cover living expenses*

**E. HEALTH INSURANCE:** will be provided by PAU? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of insurer: \_\_\_\_\_

If health insurance is being provided by PAU will dependents receive coverage? Yes \_\_\_ No \_\_\_

Exchange Visitor will be self-insured: Yes \_\_\_\_\_ No \_\_\_\_\_

**F. WRITTEN DESCRIPTIONS** (I can help write #3)

- 1) How was Exchange visitor was selected and interviewed (in person/by phone)?
  
- 2) How will this exchange program promote mutual enrichment and further linkages between your organization and those of similar purposes abroad?
  
- 3) How this exchange program will enable the exchange visitor to better understand American culture and society and enhance American knowledge of foreign cultures and skills?

**G. ENGLISH PROFICIENCY**

Letter from Program Director confirming that the J-1 Exchange Visitor has been interviewed and has the English skills necessary for program. Or program director completes the attached language proficiency form.

**H. PATIENT CONTACT:** If the scholar holds an MD or DDS (or other clinical degree or licensure) a letter signed by the program director indicating that the scholar will have no patient contact. Use this language on letter:

TO WHOM IT MAY CONCERN:

This certifies that the program in which [insert scholar's name] is to be engaged is solely for purpose of observation, consultation, teaching or research and that no element of patient care services is involved.