

# Illinois Institute of Technology

**International Center**

3300 S. Federal Street  
Main Building, Room 405  
Chicago, IL 60616  
Phone: (312) 567-3680  
Fax: (312) 567-3687

## J-1 Scholar/Professor Request Form

(To be completed by IIT Departments)

10/08

Please complete this form and return it to our office as soon as possible so that we may issue the DS-2019, which is used to apply for the entry visa at a U.S. Consulate abroad. Due to delays in visa processing overseas, please submit the form to our office **2 months in advance** of the J-1 Scholar/Professor's start date at IIT.

Please note the following information before you complete this form.

- **Length of Stay: Professors and Research Scholars** are permitted to remain in the United States for a total of five years maximum. After an Exchange Visitor spends time in the US in these categories, they will be prohibited from returning to the US for 24 months in the Professor/Research Scholar category. **Short-term Scholars** are permitted to remain in the United States for up to 6 months - no extension is permitted.
- **Two-year home residency requirement:** Some J-1 visa holders are required to return to their country of permanent residence for a minimum of two years upon completion of the J-1 program. On rare occasions, the visitor may file for a waiver of this requirement. Without the waiver, the J-1 exchange visitor may not change non-immigrant status while in the U.S.
- **Health insurance:** J-1 participants and their accompanying dependents are required by law to carry health insurance for the duration of the program. They should obtain this prior to coming to the US.
- **Funding:** Funding must be provided to meet the following expenses for the duration of their stay in the US: 1300/month for living expenses, \$850 for IIT "student" health insurance (if selected), 2 research credits per term (1 credit/Summer term) if staying more than 3 months and is not categorized as a Research Associate or Senior Research Associate.
- **Dependents:** J-1 participants must show an additional \$4000/year for their spouse and \$2000/year per child (minor/unmarried) if they wish to bring them to the U.S. Please make sure that the financial documents are provided accordingly.

**Please turn in the following to the International Center, Room 405 Main Building, to request a J-1 Scholar/Professor to come to IIT:**

- J-1 Scholar/Professor request form (included in this form)
- Copy of the Invitation letter signed by Department Head or Graduate College depending on the scholar's IIT position title. See J-1 research positions and requirements on the IC web site.
- Original financial documents from their source of funding. Documents must be in English and less than 6 months old. If funding is from IIT, this should be included in the appointment letter and a copy is sufficient.
- Health Insurance Attestation Form signed by the scholar

It may take us 3-5 days to prepare the DS-2019. After we have prepared the DS-2019, we will return it to the sponsoring department by campus mail. It is then the department's responsibility to mail the DS-2019 form and supporting documentation to the Scholar/Professor in his/her home country.

## J-1 Scholar/Professor Request Form to be filed by IIT Department

### GENERAL INFORMATION (Please complete all fields)

1. Last Name \_\_\_\_\_ First Name \_\_\_\_\_ 2.  Male  Female 3. e-mail \_\_\_\_\_
4. Date of Birth (mm/dd/yyyy) \_\_\_\_\_ 5. City of Birth \_\_\_\_\_
6. Country of Birth \_\_\_\_\_ 7. Country of Citizenship \_\_\_\_\_
8. Country of Legal Permanent Residence \_\_\_\_\_
9. Permanent address in home country: \_\_\_\_\_
10. Highest degree obtained:  High School  Bachelors  Masters  Doctorate  Other \_\_\_\_\_
11. Position last held in the country of residence \_\_\_\_\_  
(Ex: undergraduate or graduate student, lawyer, research associate, local government official, etc.)
12. If yes to any of the following questions, please attach a copy of the person's previous DS-2019/I-20, I-94, passport (visa and identity pages):
  - a. Is this person currently in the U.S.? \_\_\_\_\_
  - b. Has this person been in the US in J status in the past year?  Yes  No
  - c. Has this person come to the US as a J-1 Research Scholar or Professor in the past 2 years?  Yes  No

### INFORMATION REGARDING IIT APPOINTMENT

1. Category: Research Scholar \_\_\_\_ Professor \_\_\_\_ Short term scholar (6 mo. max.) \_\_\_\_
2. Period of employment/research: from \_\_\_\_\_ to \_\_\_\_\_  
mo/day/yr mo/day/yr
3. Field of Research/Teaching \_\_\_\_\_ Please describe the proposed activities:  
\_\_\_\_\_
4. Address where person will be working: \_\_\_\_\_
5. Please describe how you have determined the individual has the English language capacity to perform duties at IIT (e.g. written correspondence, personal knowledge, phone conversation): \_\_\_\_\_
6. Funding (must cover 2 credits of registration each term if in the US for more than 3 months, with the exception of Research and Senior Research Associates, and at least \$1,300 per month **for the duration of the DS-2019**):
  - a) IIT funds \$ \_\_\_\_\_ per (please circle one) year/month. **Please note that grant money received from government agencies and used to cover a variety of research and payroll expenses is considered IIT funding for the purpose of issuing this form.**
  - b) U.S. Government Agency \$ \_\_\_\_\_ Please provide the name of the agency \_\_\_\_\_ and **original** documentation of the funding. (Applicable only if the grant money is **designed solely** to fund the exchange visitor.)
  - c) The Exchange Visitor's Government \$ \_\_\_\_\_ Please provide **original** documentation from the government.
  - d) Other Organization \$ \_\_\_\_\_ Please name the organization \_\_\_\_\_ and provide **original** documentation from the organization.
  - e) Personal/Family funds \$ \_\_\_\_\_ Please attach an **original** bank statement or financial affidavit of support

### DEPENDENTS (if any)

Last name	First name	Birthday mo/day/yr	City of Birth	Birth country	Citizenship	Relationship

IIT Departmental Contact: \_\_\_\_\_ Department: \_\_\_\_\_  
 Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Inviting/Supervising Faculty Member: \_\_\_\_\_  
Print Name Sign

Department Head \_\_\_\_\_  
Print Name Sign

Date \_\_\_\_\_

**J-1 Scholar Insurance Attestation**

**This form must be completed, signed and returned to the International Center. This form must be completed again before a new DS-2019 can be issued for an extension of stay or when adding dependents.**

All J-1 scholars and their dependent(s) are required to have health insurance that meets the minimum requirements as defined by the US Department of State, which governs the Exchange Visitor Program. The insurance coverage must provide the following minimum coverage:

- Medical benefits of at least \$50,000 per person per accident or illness
- Repatriation of remains in the amount of \$7,500
- Medical Evacuation expenses in the amount of \$10,000
- A deductible that does not exceed \$500

Please indicate below how you expect to meet this medical insurance requirement:

- I will purchase health insurance (different from IIT student health insurance) that meets J-1 requirements  
\* Please find the enclosed Health Insurance Information for J-1 Scholars form with the list of Medical Insurance Agents.
- I will purchase the IIT student insurance based on research credit registration (2 research credits/semester, 1 credit/summer) Enrollment period: Annual (8/15-8/14) \$850, Spring (1/6-8/14) \$508, or Summer (5/26-8/14) \$236.
- I am a Senior Research Associate or Research Associate to be paid by IIT. Therefore, I will join the IIT employee health insurance plan. In addition to the employee insurance, I will purchase medical evacuation/repatriation plans.

I understand that while in J-1 status in the U.S., I am required to maintain health insurance with the minimum coverage as specified above for myself and any accompanying dependents. I hereby affirm that I have, or will have by the time I begin my visit at the Illinois Institute of Technology, the stated insurance for the effective period of all valid forms DS-2019 issued to me. I also acknowledge that willful noncompliance with the insurance provisions will result in the termination of my participation in the Exchange Visitor Program.

\_\_\_\_\_  
Exchange Visitor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name, Please Print

\_\_\_\_\_  
Department

\_\_\_\_\_  
E-mail Address

[www.iit.edu](http://www.iit.edu)

**International Center**  
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