

ILLINOIS INSTITUTE OF TECHNOLOGY
J-1 SCHOLAR REQUEST FORM (TO BE COMPLETED BY THE SCHOLAR)

Please complete this form and return it to your host department as soon as possible so that we may issue you a DS-2019, which is used when you apply for a J-1 entry visa at a U.S. Consulate abroad. Due to delays in visa processing overseas, please submit the form and all required documentation **at least three months in advance** of your anticipated start date at IIT. Please note that in some instances visa processing may take longer.

Please read the following information before you complete the request form:

- **Length of Stay:** J-1 research scholars and professors are permitted to remain in the United States for a total of five years maximum. Short-term scholars are permitted to remain in the United States for up to six months; no extension is permitted.
- **Repeat Participation in the Research Scholar and Professor Categories:** After you spend time in the U.S. in one of these categories, you will be prohibited from returning to the U.S. for 24 months in either the professor or research scholar category. There are no exceptions to this rule.
- **12-Month Rule:** You will not be eligible for J-1 research scholar or professor status if you were in the U.S. in any J status for six out of the previous 12 months. In such cases, you must be out of J status for one year before you will be eligible for J-1 research scholar or professor status.
- **English Language Requirement:** New federal regulations beginning January 5, 2015 require use of an “objective measurement of English language proficiency” to determine the language proficiency of all J-1 scholars.

You must submit proof of one of these measurements with this form:

- Results from a recognized English language test that meet or exceed the score below (preferred method)
 - » Accepted English language tests and minimum requirements:

TOEFL IBT – 57	TOEFL CBT – 163	TOEFL PBT – 487
IELTS – 5.5	PTE – 42	
 - » Photocopies of results mailed directly to the student or screen shots of the online score report are acceptable.
- Signed documentation from an academic institution or English language school verifying you have at least intermediate-level English language skills
- Or documentation of an interview conducted by the host department either in person, by videoconference, or by telephone if neither of the first two options are viable options.

NOTE: The International Center reserves the right to ask for further verification.

- **Two-Year Home Residency Requirement:** Some J-1 scholars and their dependents are required to return to their country of permanent residence for a minimum of two years upon completion of the J-1 program before they will be eligible for H, L, K, or permanent residency status. 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. or apply for any of the four statuses listed above. Once a waiver is received, extensions of J status are not permitted.

J scholars will be subject to the two-year home residency requirement if one of the following conditions exist:

- **Government funding**—If you are being funded in whole or in part directly or indirectly by the U.S. government, your home country government, or the government in your last country of residence
- **Specialized knowledge or skill: skills list**—If your country of citizenship or permanent residence has declared your field of research/study/work necessary to the development of your home country, as shown on the **Exchange Visitor Skills List** (review the Exchange Visitor Skills List 2009, <http://travel.state.gov/content/visas/english/study-exchange/exchange/exchange-visitor-skills-list.html>)

- **Health Insurance:** J-1 participants and their accompanying dependents are required by law to carry health insurance for the duration of the program. You should obtain this prior to coming to the U.S. but not necessarily before completing this request or applying for your entry visa.

Options for health insurance coverage include:

- IIT student insurance, if you will be required to register in research credits
 - IIT employee insurance (except for High Deductible Health Plan), if you will be paid by IIT
 - Other insurance company, as long as the plan meets the minimum requirements set forth by the U.S. Department of State (additional information will be included with your DS-2019)
- **Funding:** Proof of funding to meet the following expenses for the duration of your stay in the U.S.:
 - Living expenses of \$1,400/month (\$16,800/year)
 - IIT student health insurance fee (www.iit.edu/shwc/insurance), if applicable
 - Cost of two research credits per term (one credit/summer term) if required to register
 - Plus living expenses for any dependents (see Dependents section below)

Evidence of funding must be less than six months old and may be one or more of the following:

- Bank statement in your name
- Scholarship/grant award letter in your name indicating the amount and duration of support
- Letter from your employer or academic institution indicating the amount and duration of support
- Bank statements in a sponsor's name, plus a letter of support from the person named on the statement, indicating the amount and duration of support

If you are being funded by IIT, the host department will provide the International Center with the appropriate documentation. You will only be responsible for providing additional funding documentation if your financial support from IIT does not meet or exceed the required minimums.

Please note in cases where a funding range (instead of a specific amount) is given, only the lowest amount in the range can be used when calculating funding totals.

- **Dependents:** You may apply to bring your spouse and children (unmarried and under the age of 21) with you as J-2 dependents. To do so, you must show an additional \$375/month (\$4,500/year) for the first dependent and \$250/month (\$3,000/year) per each additional dependent you wish to bring to the U.S. Please make sure you provide proof of the appropriate amount of financial support.

Please note that government regulations require that all J-1s and J-2s provide a valid email address. If your dependents do not have valid email addresses, please list your own. You may not leave it blank.

ILLINOIS INSTITUTE OF TECHNOLOGY

J-1 SCHOLAR REQUEST FORM CHECKLIST

Please submit the following to your host department:

- J-1 scholar request form
- Proof of English language proficiency
- Financial documentation (in English and less than six months old) if your funding is not from IIT
- Copy of your passport biographical page (plus that of any dependents)
- Completed Health Insurance Attestation Form

Once your host department submits the request and all supporting documentation to the International Center, it may take up to two weeks to prepare the DS-2019. After we have prepared the DS-2019, your host department will mail the DS-2019 form and other important information to you.

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J-1 REQUEST FORM (TO BE COMPLETED BY THE SCHOLAR)

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Please complete the information below. ALL fields are required.

Family name (as it appears in passport): _____

First name (as it appears in passport): _____

Middle name, if applicable: _____

- Male
 Female

Date of birth (mm/dd/yyyy): _____

City of birth: _____

Country of birth: _____

Country of legal permanent residence: _____

Permanent address in home country: _____

Email address: _____

Highest degree obtained (choose one)

- Bachelor's
 Master's
 Doctorate
 Other (LLM, JD, MD, etc.—please specify): _____

Position last held in country of citizenship or legal permanent residence: (i.e., graduate student, lawyer, professor, research associate, etc.)

Name of university or place of employment: _____

Are you currently in the U.S.?

- No
 Yes (please attach documentation of current status, i.e., DS-2019, I-20, I-797, etc.)

Have you been in the U.S. in J-1 or J-2 status in the past 12 months?

- No
 Yes (please attach documentation showing how long you were in the U.S.)

Have you entered the U.S. as a J-1 research scholar or J-1 professor in the past two years?

- No
 Yes (please attach copies of your previous DS-2019s)

Will you be bringing dependents with you?

- No
- Yes (please complete the information below and attach copies of their passport biographical page)

DEPENDENT #1

Family name (as it appears in passport): _____

First name (as it appears in passport): _____

Middle name, if applicable: _____

- Male
- Female

Date of birth (mm/dd/yyyy): _____

City of birth: _____

Country of birth: _____

Country of legal permanent residence: _____

- Spouse
- Child

Email address: _____

- Dependent does not have an email address. Please use my email address instead.

DEPENDENT #2

Family name (as it appears in passport): _____

First name (as it appears in passport): _____

Middle name, if applicable: _____

- Male
- Female

Date of birth (mm/dd/yyyy): _____

City of birth: _____

Country of birth: _____

Country of legal permanent residence: _____

- Spouse
- Child

Email address: _____

- Dependent does not have an email address. Please use my email address instead.

You may attach additional pages, if needed.

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J-1 SCHOLAR HEALTH INSURANCE ATTESTATION FORM

This form must be completed, signed, and returned to the International Center.

All J-1 scholars and their dependent(s) are required to have health insurance that meets the minimum requirements as defined by the United States Department of State, which governs the Exchange Visitor Program. J-1s and their dependent(s) may also be subject to the requirements of the Affordable Care Act.

The insurance coverage must provide the following minimum coverage:

- Medical benefits of at least \$100,000 per person per accident or illness
- Repatriation of remains in the amount of \$25,000
- Medical evacuation expenses in the amount of \$50,000
- A deductible that does not exceed \$500

You may be eligible for IIT insurance if you are required to register or if you will be paid by IIT. Contact your host department for more information.

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 Illinois Institute of Technology, the stated insurance for the entire duration of my stay in the U.S. I also acknowledge that willful noncompliance with the insurance provisions will result in the termination of my participation in the Exchange Visitor Program.

Signature _____ Date _____

Print name _____

Department _____

Email address _____