

Xavier University of Louisiana Center for Intercultural and International Programs St. Joseph Bldg, Room 312 New Orleans, LA 70125

Phone: (504)-520-5491 Fax: (504)-520-7920

J-1 "Short-Term Scholar" DS-2019 Request Form

(maximum 6-month period)

Federal regulations define a "short-term scholar" as a professor, research scholar, scientist, or a person with similar education or accomplishments coming to the United States on a short-term visit for the purpose of lecturing, observing, consulting, training, or demonstrating special skills at...post-secondary accredited educational institutions, or similar types of institutions. 22 CFR 62.4 (b)

Section I

Please fill in the following information about the **J-1 exchange visitor (EV)** you wish to invite to Xavier University of Louisiana:

		() male () female			
Name of EV <u>exactly</u> as it appears in visitor's passport (FAMILY NAME, given name)					
City of Birth	Province & Country of Birth	Date of Birth (mm/dd/yy)			
Country of Citizenship	Countr	y of Legal Permanent Residence			
Foreign Address of E	/ (street, city, country, postal code)	Foreign Phone Number			
Position in home cour	ntry (e.g., student, professor)	EV's Email			

Please fill in the following information about the program of the EV mentioned above:

Start date of EV's program* End date of EV's program*				
* <u>start date</u> should be the day the EV will begin the program; the EV can enter the U.S. up to 30 days earlier; <u>end date</u> should be last day of the program; the EV can leave the U.S. up to 30 days later. The EV's program may not last longer than six months.				
	O yes O no			
Program Subject/Field (e.g., Mathematics)	Will the EV fill a permanent (tenure-track) position?			
Site of Program (e.g., Dobo Hall, Room 1)				

 Proof of financial support Proof of insurance coverage Department invitation letter J-1's curriculum vitae 		
Proof of financial support To come to the US in J-1 status, exchange visitors must provide have sufficient funds to cover their stay. Documentation of all further Funding may come from a combination of sources, but the total exchange visitors at to Xavier University of Louisiana. If the visit additional funding (\$500/month for each dependent) is required the University, enter the amount of funding in section A. If the Josources and amount of funding in section B. If applicable, list the	must accompany this request form. must be at least \$1,000/month for J-1 tor is bringing dependents, proof of . If the J-1 will be funded in any way by -1 will receive external funding, name all	
Source of Funding	Dollar Amount	
(A) <u>University Funds</u> including grants paid through payroll	\$	
B) Non- University Funding include only funds from external sprocessed through university channels (i.e. which pay the EV d		
External Funding Type (e.g., DAAD Fellowship)	<u>Dollar Amount</u>	
	\$	
	\$	
	\$	
(C) <u>Personal Funds</u> if applicable	\$	
Proof of insurance coverage All EVs (and their visa dependents, if any) are required to have Xavier University of Louisiana has made available an injury and interested in purchasing health insurance through to Xavier University of Louisiana, to cover the cost of the policy. Otherwisinsurance on their own and must submit a copy of the policy shouration of the J program before the immigration document (DS insurance package must include the following: Medical benefits of at least \$50,000 per person per accompact Repatriation of remains in the amount of \$7,500 Medical Evacuation coverage in the amount of \$10,000 A deductible not to exceed \$500 per accident or illness	I sickness insurance plan for those versity of Louisiana. If you choose this sheck, made payable to to Xavier se, EVs will have to purchase health owing they are adequately covered for the 3-2019) can be issued. At a minimum the ident or illness	
Department invitation letter Departments will need to write a letter (on letterhead) that desc	ribes the program in which the FV is	
participating, specifically, (1) objectives of the visit; (2) dates of		

Name of EV: _

In order to process this request, the following items must be attached:

financial arrangement, if any **Dependents**

Section II

If a DS-2019 is needed for a visa dependent, please provide the following for each individual: name, date of birth, city & country of birth, country of citizenship, gender and whether the family member is a spouse or child of the EV along with proof of financial support and insurance coverage.

of to Xavier University of Louisiana faculty who will oversee/supervise the visit; and, (5) terms of

Section III				
Approvals				
Individual Requesting DS-2019 (not the exchange visitor):				
Name:	_ Title:			
Signature:	Date:			
Department:	Phone:	Email:		
Department Chair's Approval:				
Name:	_ Title:			
Signature:	_ Date:			
Department:	Phone:	Email:		
Dean's Approval:				
Name:	_ Title:			
Signature:	_ Date:			
Department:	Phone:	Email:		

Name of EV:

If you have questions, please contact:
 Karen W.Lee,
 Associate Director
Center for Interculteral and Internation Program
 Phone: 504-520-5491
 Email: kwlee @xula.edu