

J Exchange Visitor Program Information

Student Category

Yeshiva University

The Exchange Visitor Program promotes mutual understanding between the people of the United States and the people of other countries by education and cultural exchanges. Complete information about the Exchange Visitor Program (EVP) is available at <http://j1visa.state.gov>.

The Application for Form DS-2019 Certification of Eligibility for J Exchange Visitors (pages 3-4), is for individuals who have been formally admitted to Yeshiva University as an Exchange Student.

Form DS-2019: Certificate of Eligibility for Exchange Visitor (J-1) Status

The Form DS-2019 is a U.S. Department of State document, issued by an authorized educational or cultural institution, to enable eligible individuals to obtain (J-1) exchange visitor immigration status. Exchange Visitors (EVs) may remain in the U.S. for the duration of their status, i.e., until the end date shown on the DS-2019, PLUS a 30-day grace period during which they may prepare to leave or travel within the U.S. During the 30-day grace period, EVs are NOT allowed to work for wages or leave and return to the U.S. Dependent family members in J-2 status are each issued their own Form DS-2019. Individuals should retain all original DS-2019 forms for travel purposes and for their own records.

Exchange Visitor Program Categories

You are coming to the United States to pursue a specific program objective. The primary activity for each of these categories is described below:

- Professor: teaching, lecturing, observing or consulting. A professor may also conduct research, unless the sponsor does not allow it.
- Research Scholar: conducting research, observing or consulting in connection with a research project. The research scholar may also teach or lecture, unless the sponsor does not allow it.
- Short-Term Scholar: a professor, research scholar, specialist, or a person with similar education or accomplishments coming to the U.S. on a short-term visit for six (6) months or less for the purpose of lecturing, observing, consulting, training, or demonstrating special skills at research institutions, museums, libraries, post-secondary accredited educational institutions, or similar types of institutions. Short-Term scholars cannot extend their program beyond 6 months.
- **Student: pursuing full-time studies leading to or culminating in the award of a U.S. degree from a post-secondary accredited educational institution or pursuing full-time studies in a prescribed course/program leading to a degree earned at a foreign institution of higher learning.**

J-1 exchange visitors must show proof of funding in order to qualify for the DS-2019, the document used to apply for a J-1 visa. Applicants must show proof of financial support in the amount of at least \$2000 per month in living expenses (\$24,000 per year) for the entire duration of their stay. This is in addition to any tuition and fees associated with your visit and required health insurance costs. All letters of financial support from organizations or foreign government agencies must be on official letterhead, specify the amount of promised funding and be **in English**.

Health Insurance Requirement for J-1 Exchange Visitors

Federal regulations require that all J-1 exchange visitors and J-2 dependents have health insurance that meets specified minimum requirements. Coverage must run for the duration of the exchange visitor's program in the U.S. It is advisable, however, for individuals to have coverage for the entire time they are inside the U.S. It is important to understand that failure to maintain insurance coverage, as detailed below, is a violation of U.S. government regulation and will result in immediate termination of an exchange visitor status.

Health Insurance minimum requirements include:

- Medical benefits of at least \$100,000 per accident or illness
- Payment for repatriation of remains in the amount of \$25,000
- Payment for medical evacuation to home country in the amount of \$50,000
- A deductible not to exceed \$500 per illness or accident
- Maintenance of Insurance – Willful failure on your part to maintain the required insurance throughout your stay in the United States will result in the termination of your exchange program.
- Insurance policies backed by the full faith and credit of the exchange visitor's government will be considered to meet the insurance requirements.
- Complete information on J health insurance requirements is posted on the EVP website:
<http://j1visa.state.gov>.

Two Year Foreign Residence Requirement – also known as 212(e)

Certain exchange visitors, will be subject to the home residence requirement if their exchange program is funded by either their government or the U.S. government, involves specialized knowledge or skills deemed necessary by their home country or have received graduate medical training. If this requirement applies, you must return to your home country for a cumulative total of two years at the end of your exchange visitor program. You are not prohibited from traveling to the U.S., but may not benefit from certain employment-based or family-based visas until the foreign residency requirement is satisfied.

If you hold J-2 status as a dependent of a J-1 exchange visitor who is subject to the Two-Year Foreign Requirement, then you are also subject to 212(e).

Note: An exchange visitor subject to 212(e) is NOT permitted to change to any other non-immigrant status inside the U.S.

Please submit the following by email to oiss@yu.edu:

- **complete DS-2019 application (next page)**
- **a copy of your YU acceptance letter**
- **a copy passport identity page (and any dependents who will accompany you to the U.S. with a J-2 dependent visa,**
- **proof of financial support in ENGLISH**

Documentation may also be sent by courier service to: Yeshiva University, Office of International Students and Scholars, 500 West 185th Street, New York, NY 10033.

Yeshiva University

Application for Form DS-2019 Certification of Eligibility for J Exchange Visitors

Student Category

(Please Print Clearly or Type)

DIRECTIONS: Please complete the following application form and submit by email to oiss@yu.edu. **Also include a copy of your YU acceptance letter, passport identity page, and proof of financial support in ENGLISH.** Documentation may also be sent by courier service to: Yeshiva University, Office of International Students and Scholars, 500 West 185th Street, New York, NY 10033. **Questions? Email: oiss@yu.edu or call +1 646-592-4203**

1. PROGRAM INFORMATION

Yeshiva University Student ID _____

YU School or Affiliate you will be joining (Check one):

- | | |
|--|--|
| <input type="checkbox"/> Azrieli Graduate School of Jewish Education and Administration (Azrieli)
<input type="checkbox"/> Bernard Revel Graduate School of Jewish Studies (Revel)
<input type="checkbox"/> Cardozo School of Law
<input type="checkbox"/> Ferkauf Graduate School of Psychology (Ferkauf)
<input type="checkbox"/> Graduate Mathematics | <input type="checkbox"/> Rabbi Isaac Elchanan Theological Seminary (RIETS)
<input type="checkbox"/> Stern College for Women
<input type="checkbox"/> Sy Syms School of Business
<input type="checkbox"/> Wurzweiler School of Social Work (WSSW)
<input type="checkbox"/> Yeshiva College
<input type="checkbox"/> Yeshiva Museum |
|--|--|

Program: Start Date: _____ **End Date:** _____

Description of primary activity at Yeshiva University: _____

Are you currently in the U.S.? ___Yes ___No If yes, what is your immigration status? _____

2. PERSONAL INFORMATION

Last (Family Name)	First Name	Middle Name
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Date of Birth: _____ Place of Birth: _____
(MM/DD/YYYY) City and Country

Citizenship: _____ Legal Permanent Resident: _____
Country Country

Email address: _____

Position in Home Country: _____ Institution: _____

If you are a student, are you an undergraduate (Bachelor) or graduate student? _____

Dependents: Please list information for any dependents who will accompany you to the U.S. Additional funding for dependents must be documented. (See Financial Capability section below) Please provide passport for each dependent.

Last/Family Name	First Name	Date of Birth	City & Country of Birth	Country of Residence	Spouse or Child

3. MEDICAL INSURANCE FOR J-1 AND ALL J-2 DEPENDENTS

Provide documentation **in English**, if you will not have insurance from YU. Please refer to the legal minimum requirements on page two of this application and on the [Department of State website](#). How will you (and your dependents) be covered?

- Yeshiva University Medical Insurance Coverage from home Will purchase upon arrival in the U.S.

4. FINANCIAL CAPABILITY

J Exchange Visitors must show a minimum of \$2,000/month (\$24,000/year), for the entire length of your stay in the U.S. This is in addition to the cost of any tuition and fees associated with your program of study. Additional funding for dependents coming with you, or joining you later, must be included. Please allow \$1,000/month (spouse) and \$400/month (per child) per year. Proof of funding for each source is noted below. Documentation (**in English**) must accompany the completed DS-2019 application form. Proof of funding from each government or organization must be translated into English and show amounts being funded to the participant while in the U.S.

Sources of Support	Amount in \$US/Name
Funds from Yeshiva University (scholarship letter required)	_____
Funds from Home Country Government (letter required)	_____
<i>Name of Government Agency providing funds:</i>	_____
Funds from U.S. Government (letter required)	_____
<i>Name of U.S. Government Agency providing funds:</i>	_____
Funds from Non-Government U.S. Institution/Organization (letter required)	_____
<i>Name of Institution/Organization providing funds:</i>	_____
Funds from International Organization (letter required)	_____
<i>Name of organization providing funds:</i>	_____
Personal and/or family funds (bank statement(s) required)	_____

5. DS-2019 Mailing Address

Complete Name:	
Street 1	
Street 2	
City, State, Province	
Postal Code, Country:	
Phone (for FedEx)	
Email (for FedEx)	

I affirm that the information I have given above is true and correct. All sponsors understand that funding is for the duration of my stay. I also understand that health insurance is mandatory for all J exchanges visitors and upon entering the U.S., I will maintain health insurance for all J's included in this application. All J-1 and J-2 dependents are required to check-in with the OISS within 10 days of arrival in the U.S. to present immigration documents, report U.S. address and show proof of health insurance. I understand that upon arrival, I will be provided with an orientation program suitable to the purpose of my program.

Signature _____ Date _____

Please submit completed application by email to oiss@yu.edu or courier service to: Yeshiva University, Office of International Students and Scholars, 500 West 185th Street, New York, NY 10033.