Yeshiva University

Office of International Students and Scholars – Manhattan Campuses

Inviting a Visiting Research Scholar or Visiting Professor on a J-1 Visa

At least 4 months in advance of the expected date of arrival, the *Sponsor* (faculty host) must complete a **"Request for J-1 Visa Form"** and return it to the OISS, 116 Laurel Hill Terrace, Wilf Campus*, along with the following documents:

- Appointment Letter
- Copy of the Research Scholar or Professor's curriculum vitae
- Copy of Passport photo page which includes Date of Birth.
- Proof of financial support (including funding source information for Yeshiva University paid Research Scholars)

Upon receipt of this information, the OISS will prepare the **J-1 (DS-2019 Form)** and mail it to the Exchange Visitor, along with the letter of instruction for the Research Scholar to apply for the J-1 Visa at the United States Consulate abroad.

For questions please contact:

Jennifer Golden, International Student and Scholar Advisor
Yeshiva University's Manhattan Campuses
Jgolden1@yu.edu or 646-592-4203

*Applications may be sent electronically to oiss@yu.edu

Request for J-1 Visa Form for Academic Appointments

Please check one: ___New Appointment ___Extension ___Transfer from Another J-1 Program within the U.S.

1. PERSONAL INFORMATION

_____

Last (Family Name) First Name Middle Name

Date of Birth: _____Place of Birth: _____

(MM/DD/YYYY) City and Country

Citizenship: _____ Legal Permanent Resident:_____

Country Country

J-1's Email address:_____

Position in Home Country: _____ Institution:_____

Is this person currently in the U.S.? ___Yes ___No

If yes, what is their immigration status?_____

If J-1, what is the current J-1 category (i.e., Student, Professor, Short-Term) _____

(Current J's must provide copies of all previously issued DS-2019 forms)

If NOT inside the U.S.: has this person been in J-1 status in the U.S. within the past two years?

If yes, please list the dates, (J category (i.e., Student, Professor, Short-Term) and length of time), within the past two years.

If none, enter "none"DO NOT LEAVE THIS QUESTION BLANK. _____

_____

2. APPOINTMENT INFORMATION

Appointment: Start Date: _____ End Date: _____

Description of primary activity at Yeshiva University and where this activity will take place (campus): _____

_____

3. FINANCIAL SUPPORT:

Indicate total amount and source of financial support for the entire appointment period listed above. Exchange Visitors must document a minimum of $24,000 per year ($2,000 per month) plus the cost of health insurance.

Yeshiva University: $ _____

YU Affiliate: $ _____

Other Organizations: $ _____

Personal Funds: $ _____

Total Financial Support: $ _____

4. MEDICAL INSURANCE

Program participants and their dependents are required to have medical insurance coverage with the following minimum benefits **[22 CFR 62.14]**.

- Medical benefits of **at least** $100,000 per accident or illness
- Repatriation of remains in the amount of $25,000
- Expenses associated with the medical evacuation of the exchange visitor to his or her home country in the amount of $50,000
- A deductible not to exceed $500 per accident or illness.

Insurance will be provided by: (provide documentation if other than Yeshiva University)

- ☐ Yeshiva University Medical Insurance
- ☐ Home Government
- ☐ Exchange Visitor Personal Coverage

5. ENGLISH LANGUAGE PROFICIENCY

All J-1 Exchange Visitors (EVs) are required to demonstrate sufficient English proficiency, as determined by an objective measure of English Language proficiency, to participate successfully in his or her program and function on a day to day basis. [22CFR 62.10(a)(2)]. The Faculty Sponsor must verify and retain evidence of English language ability by one of the following methods (check your chosen method and retain backup documentation):

- ☐ Recognized English language test
- ☐ Signed documentation from an academic institution or language school
- ☐ Documented interview conducted by the faculty sponsor either in person or by videoconferencing (skype) or by telephone, if videoconferencing is not available

I verify that (EVs name) _____ has sufficient English language skills to participate in his/her J-1 program and function on a day to day basis in the U.S.

Faculty Sponsor Name/Department _____

Signature and date _____

6. DEPENDENT INFORMATION: Will family members accompany the Exchange Visitor? ___Yes ___No

If yes, complete below (use additional paper if necessary) and attach passport for each dependent.

Family Name	First Name	Relationship	Citizenship	Date of Birth Month/Day/Year	Place of Birth City & Country

7. DS-2019 Mailing Address

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

□ **Hold for pick-up by:** Name:_____Phone:_____Email: _____

Complete this form and return it along with a copy of the Exchange Visitor's: Appointment Letter, Curriculum Vitae, Passport and Proof of Financial Support (if not supported by Yeshiva University) to the OISS Wilf Campus, 116 Laurel Hill Terrace or oiss@yu.edu

Dean's Signature: _____ Date _____

Faculty Sponsor Name/Department: _____

Signature: _____ Date _____

Yeshiva University
Office of International Students and Scholars – Wilf Campus
116 Laurel Hill Terrace, Ste E
New York, N.Y. 10033
646-592-4203