



## J-1 Scholar Department Request Form

Teaching \_\_\_\_\_ Research \_\_\_\_\_ Training \_\_\_\_\_ Study \_\_\_\_\_ Patient Care \_\_\_\_\_ Other \_\_\_\_\_

Prospective dates of appointment: \_\_\_\_\_ to \_\_\_\_\_

Is it likely the appointment be renewed or extended beyond this date? \_\_\_\_\_

University location where the visitor will be working: \_\_\_\_\_

### Requirements of the J-1 Exchange Program Visa

The J-1 Exchange visitor must have sufficient financial resources for the duration of the program.

Indicate i

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for this visitor.  
for this person.

The Exchange program visitor must have verified English language ability.

The exchange program visitor must check in with the office of International Services upon arrival to the U.S.

The sponsoring department should notify International Services when the visitor leaves the U.S.

The **primary purpose of the J-1 is for cultural exchange**. Please encourage your J-1 visitor to participate in cultural activities through the University and available in the community.

### Financial Support

The Visitor financial support is from: SLU (yes/no) \_\_\_\_\_ Other sources (please list) \_\_\_\_\_

If from SLU, indicate total amount of SLU funding for duration of program: \_\_\_\_\_

Are those funds directly from a U.S. Government agency for the express purpose of international exchange? \_\_\_\_\_

If yes, identify the name of the agency: \_\_\_\_\_ No \_\_\_\_\_ international exchange. )

Will the visitor receive University medical benefits? Yes \_\_\_\_\_ No \_\_\_\_\_

### English Language Ability

Is the J-1 visitor fluent in English? Yes \_\_\_\_\_ No \_\_\_\_\_ (If no, he or she must submit proof of English proficiency.)

Name of department contact: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date Requested: \_\_\_\_\_ Campus Telephone: \_\_\_\_\_

Faculty Sponsor: \_\_\_\_\_ Signature of Sponsor: \_\_\_\_\_

Department Chair: \_\_\_\_\_ Signature of Chair: \_\_\_\_\_

Dean: \_\_\_\_\_ Signature of Dean: \_\_\_\_\_