

INTERNATIONAL SERVICES

SAINT LOUIS UNIVERSITY.

J-1 Scholar Department Request Form

This form should be completed by the University department wishing to sponsor a J-1 Exchange Program visitor. Return the completed form to the office of International Services 4-6 months prior to the program start date. Please return to: donahuec@slu.edu.

J-1 Exchange Program Visitor's name: _____

Brief description of field of study: _____

What proportion of the appointee's time will be spent on:

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 if the University has received government funds specifically marked for "International Exchange" for this visitor. This does not include grant funding for research, only U.S. government funds for "International Exchange" 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's 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 _____

(This does not include grant funding for research. Only mark "Yes" when the funds are for "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: _____