NORTHEASTERN STATE UNINVERSITY DS-2019 EXCHANGE VISITOR DATA SHEET

TO BE COMPLETED BY THE EXCHANGE VISITOR (EV)

Pg. 1-Contact information, Pg. 2-EV Data Sheet, Pg3- EV Dependent/ Insurance Sheet, Pg.4 Sample only insurance enrollment sheet

Exchange Visitor Applicant Name	First Email	Last
Northeastern State University Host Faculty Member	Name Email	Phone Department

EXCHANGE VISITOR CATEGORY REQUESTED: ☐ RESEARCH SCHOLAR ☐TEACHER TRAINING

EXCHANGE VISITOR CONTACT INFORMATION

Name (as it appears on passport)		
Institutional Affiliation		
Home Country Address	Address Country/State	City Zip/ Postal Code
Telephone:	Fax:	
Business email:	Personal email:	

- **Complete this page and the attached pages and fax them to your hosting faculty member/department**

  Or

- **Scanned copies of all requested documents may be emailed to your host faculty/department**

BRING ALL ORIGINAL DOCUMENTS WITH YOU WHEN COMING TO THE USA. ALL EXCHANGE VISITORS MUST REPORT IN TO THE OFFICE OF INTERNATIONAL PROGRAMS (OIP) WITHIN FIVE BUSINESS DAYS OF ENTRY INTO THE UNITED STATES. FAILURE TO DO SO MAY RESULT IN TERMINATION OF YOUR PROGRAM.

IF YOU WILL BE UNABLE TO ARRIVE ON OR PRIOR TO YOUR PLANNED PROGRAM START DATE, PLEASE NOTIFY OFFICE OF INTERNATION PROGRAMS OF YOU NEW/UPDATED PLANNED ARRIVAL DATE SO THAT THEY MAY DEFER YOUR ARRIVAL WITH THE US IMMIGRATION SYSTEM.

NOTE: THAT IF YOU DO NOT NOTIFY OFFICE OF INTERNATIONAL PROGRAMS OF YOUR PLANNED ARRIVAL OR ARRIVE AFTER YOUR PLANNED PROGRAM BEGIN DATE YOU MAY BE TURNED AWAY AT THE US PORT OF ENTRY DUE TO A CANCELLED RECORD.

Office of International Programs
600 North Grand Ave, Tahlequah OK 74464 USA
Phone: 918-444-2058 Fax: 918-444-2056 lix@nsuok.edu

NORTHEASTERN STATE UNIVERSITY EXCHANGE VISITOR DATA SHEET B

TO BE COMPLETED BY EXCHANGE VISITOR AND NSU HOST

(Completed EV Data Sheet and required attachments must be submitted with the Departmental Request)

J EXCHANGE VISITOR RESEARCH SCHOLAR-PROFESSOR- 5 year/2 year bar acknowledgement form

On November 17th 2006 the US Department of State, in conjunction with the US Department of Homeland Security and the SEVIS system, implemented a regulatory change for all New and currently active J exchange visitors in the RESEARCH SCHOLAR or PROFESSOR categories. I hereby understand and acknowledge the following:

1. **5 YEAR LIMIT AND 2 YEAR BAR FOR RESEARCH SCHOLARS AND PROFESSOR CATEGORIES:** The maximum period of participation for J Professors and Research Scholars is now five years. The five-year period is not an aggregate of five years. It is a continuous five-year period given to a participant on a "use or lose" basis. Additionally a new 24-month (two-year) bar on repeat participation in the J Professor and Research Scholar categories has been instituted for those who complete their program participation.

   If your program dates are for less than the full five(5) years of eligibility and you complete your program activities departing the US you will not be allowed to return to the US in the Research Scholar or Professor categories to NSU or an other institution in the US for two (2) years(2 yr. bar). Similarly if you remain continuously at NSU or transfer to another US institution during the five year period and complete your program prior to or at the end of the five years, the two (2) year bar applies. Exchange Visitors may be additionally subject to 212(e) as part of their participation in the Exchange Visitor program.

2. **OTHER IMMIGRATION STATUS OPTIONS:** available for ongoing collaboration (Please CHECK with OIP if you wish to explore any other options):
   US DOS EV Categories:
   a. Short term Scholar (6 month max limit/no extensions; may be repeated)
   b. Specialist (12 month max limit/no extensions; may be repeated)

EXCHANGE VISITOR SIGNATURE: (please CHECK (√) the boxes below and sign as appropriate)

I have read and understand the above information: ☐ Yes ☐ No and I still wish to request a DS-2019 for

☐ RESEARCH SCHOLAR or ☐ TEACHER TRAINING

VISITNG SCHOLAR NAME	Please type	Date of Birth
	Signature	Date

NSU HOST SIGNATURE: I have reviewed the information above and discussed the implication with my colleague

Yes ☐ No ☐

They still wish to request a DS-2019 for the following named position: ☐ RESEARCH SCHOLAR or ☐ TEACHER TRAINING

HOST FACULTY NAME	Please type	Department
	Signature	Phone
		Date

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NORTHEASTERN STATE UNIVERSITY EXCHANGE VISITOR DATA SHEET C

TO BE COMPLETED BY EXCHANGE VISITOR AND NSU HOST

(Completed EV Data Sheet and required attachments must be submitted with the Departmental Request)

FULL NAME of Exchange Visitor As appears on PASSPORT (attach copy of Passport) AND PERSONAL INFORMATION

Last First Middle

Gender: ☐ MALE ☐ FEMALE

Birthdate (mm/dd/yyyy)

City of Birth Country of Birth

Country of citizenship

Country of Legal Permanent Residency

Position Held in Country of Residency

Highest Earned Degree or Equivalent

Area of Study

Personal Email

PERIOD OF PROPOSED TEMPORARY STAY:

Begin date: (mm/dd/yyyy) _____ End date:(mm/dd/yyyy) _____

WILL YOU BE ACCOMPANIED BY DEPENDENTS? (If yes complete the information requested on the attached page and submit copies of their passport pages. Documentation of financial support must be provided for all dependents.)

SPOUSE ☐ NO ☐ YES **CHILDREN** ☐ NO ☐ YES: # _____

Will accompanying dependents arrive with you: ☐ NO ☐ YES

Will your dependents come at a later date: ☐ NO ☐ YES, if yes, when _____

Dependents may not enter the US prior to the Visiting Scholar / Professor J-1 and may not remain in US following departure of the J-1.

Note: DEPENDENT CHILDREN may not remain in J-2 status upon turning 21 years of age.

INSURANCE REQUIREMENTS:

All J-1 Exchange Visitors and their J-2 dependents are required by federal regulations to have medical insurance for the entire period of their stay in the U.S. You may select the medical insurance that is best for you and any family and sign-up directly with the insurance company of your choice. OIP will ask the copy of your insurance when you arrive. During your stay at NSU it is advisable to contact your insurance provider directly to make sure your policy meets the required minimum coverage. (See page 7 for more information)

FINANCIAL SUPPORT: ALL EVP participants must demonstrate sufficient financial support, check with sponsoring department and OIP.

If currently present in the U. S. Please note that in order to transfer from another EV program within the US the EV must secure written permission to transfer PRIOR to coming to Northeastern State University. Participation in NSU program will not be authorized without the following information, please attach/complete the following information as appropriate:

√ Attach copy of current DS-2019, I-94, visa

√ If transferring to NSU, attach a letter from current sponsor indicating the SEVIS Transfer date _____

√ List your present visa status _____ , the date you last entered US _____

√ Name of your current J EV program sponsor_____

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ALL EV APPLICANTS MUST ATTACH AND COMPLETE THE FOLLOWING:

1) Attach a copy of your passport data pages and copies of previous US entry stamps & US visas
2) Attach a Curriculum Vitae
3) Attach a brief description of the work you plan on doing under this DS-2019
4) Attach a brief description of your ties to your home country and of plans to return home following completion of this EV program request
5) Have you been to NSU before? ☐ No ☐ Yes,

   If Yes, Visa status_____ Effective date:_____
6) Have you ever applied for permanent residency in the US? ☐ No ☐ Yes,

   If Yes, date_____
7) Have you previously held a non-immigration visa for work or study in the US? ☐ No ☐ Yes

   If Yes, please attach copies of visa pages and any DS-2019, I-20 or other immigration documentation
8) Are you or have you ever been subject to the 2-Year Country Physical Presence rule? ☐ No ☐ Yes,

   If Yes, have you applied for a Waiver to the 2 yr Physical Presence rule? ☐ No ☐ Yes

   If Yes, Date _____

I hereby request issuance of a DS-2019 for my Exchange Visitor activities at Northeastern State University and agree to comply with all US DOS regulations and Northeastern State University policies and regulation.

_____

Please type name

_____

Signature Date

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TO BE COMPLETED BY EXCHANGE VISITOR AND NSU HOST

Completed EV Data Sheet and required attachments must be submitted with the Departmental Request.

FULL NAME of Exchange Visitor As arrears on PASSPORT (attach copy of Passport) AND PERSONAL INFORMATION	Last First Middle Gender: ☐ MALE ☐ FEMALE BIRTHDATE (mm/dd/yyyy) CITY OF BIRTH COUNTRY OF BIRTH

PERIOD OF PROPOSED TEMPORARY STAY:

Begin date: (mm/dd/yyyy) _____ End date:(mm/dd/yyyy) _____

Will the exchange visitor be accompanied by dependant: ☐ NO ☐ YES? If yes, then please provide the data requested below.

ACCOMPANYING DEPENDENTS

If the exchange visitor's IMMEDIATE FAMILY MEMBERS will accompany him/her or will be joining him/her later. fill out the following information. Documentation of financial support must be provided for all dependants

FULL NAME as appears on passport (first, middle, last)	BIRTHDATE (mm/dd/yyyy)	CITY OF BIRTH	COUNTRY OF BIRTH	COUNTRY OF CITIZENSHIP	RELATIONSHIP Spouse /son /daughter

Will the above dependants arrive with the EV? ☐ No ☐ Yes

If no, please indicate date of proposed arrival_____

Note dependants may not arrive prior to the EV for initial J visa entry. Attach any additional information as appropriate for other dependants

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NORTHEASTERN STATE UNIVERSITY EXCHANGE VISITOR DATA SHEET

ALL SCHOLARS SHOULD CARRY APPROPRIATE HEALTH AND ASSISTANCE INSURANCE AT ALL TIMES DURRING THEIR TRAVELS- THE NSU POLICY BEGINS UPON ARRIVAL AND ENDS UPON DEPARTURE

I hereby acknowledge Northeastern State University's Health Insurance requirements for my Exchange visitor activities at Northeastern State University and agree to comply with all US DOS regulations and Northeastern State University polices and regulations upon arrival.

Signature Date

Northeastern State University host professor and the department head must report to OIP any absence of over 30 days. When the scholar asks for a travel signature, they must understand the J-1 program may be terminated if the absence from the US is greater than 30 days. Under certain exceptional cases an exception to this policy may be made however the host must guarantee in writing that the primary purpose of the extended stay is indeed a part of the research exchange collaboration and that the host takes full responsibility for providing any support required by the J-2 while the J-1 is away. Furthermore, all such plan and written explanations for extended absence during the program duration must be included in writing in the prescribed program activities at the time of the DS-2019 issuance or at a minimum requested at least 90 days in advance of the proposed absence.

EXCHANGE VISITOR SIGNATURE: (please CHECK (√) the boxes below and sign as appropriate)

☐ I have read and understand the above information and policy

VISITNG SCHOLAR NAME	Please type Signature	Date of Birth Date

NORTHEASTERN STATE UNIVERSITY HOST SIGNATURE:

I have reviewed the information above, discussed the implications, and agree to the conditions indicated: ☐ NO ☐ YES.

HOST FACULTY NAME	Please type Signature	Department Phone Date

- In the event that a scholar is delayed, and unable to enter the U. S. and begin the program by the "start" date assigned on the DS-2019, the faculty sponsor is OBLIGATED to notify OIP in order that appropriate changes can be made in the SEVIS data base. To not do so is to risk substantial problems for the scholar due to the inconsistency of the information provided to the immigration authorities.

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Health Insurance Requirement

All J-1 Exchange Visitors and their J-2 dependents are required by federal regulations to have medical insurance for the entire period of their stay in the U.S. You may select the medical insurance that is best for you and any family and sign-up directly with the insurance company of your choice. OIP will ask the copy of your insurance when you arrive. During your stay at NSU it is advisable to contact your insurance provider directly to make sure your policy meets the required minimum coverage:

$100,000 per accident or illness (new as of May 15, 2015)
Medical evacuation in the amount of $10,000
Repatriation coverage for up to $7500
A deductible of no more than $500 per illness

Any insurance policy that fulfills these requirements must be underwritten by an insurance corporation having an A.M. Best rating of "A" or above, an Insurance Solvency International, Ltd. (ISI) rating of "A-i" or above, a Standard and Poor's Claims-paying Ability rating of "A" or above, a Weiss Research, Inc. rating of "B+" or above, or such other rating service that the Exchange Visitor Program may specify. Insurance coverage backed by the full faith and credit of the government of the Exchange Visitor's home country meets the requirements. Health benefits programs offered on a group basis to employees or enrolled students by a designated sponsor or underwritten by a federally qualified health maintenance organization (HMO) or an eligible competitive medical plan as determined by the Health Care Financing Administration shall also qualify.

NOTE: If you willfully fail to maintain the insurance coverage as set forth or make a material misrepresentation to your J-1 sponsor regarding the coverage, you will be considered to be in violation of the Exchange Visitor Program regulations and will be subject to termination as an Exchange Visitor participant. It is your responsibility, not NSU's, to obtain and maintain insurance coverage.

☐ I have read and understand the above information and policy

VISITNG SCHOLAR NAME	_____ Please type _____ Signature	_____ Date of Birth _____ Date

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