



# J-1 EXCHANGE VISITOR APPLICATION FORM

## Instruction for J-1 Visa Sponsorship Application

### Form DS-2019 Certificate of Eligibility for Exchange Visitor Status

All J-1 exchange visitors must obtain a Form DS-2019, Certificate of Eligibility for Exchange Visitor Status in order to apply for a J-1 visa to enter the U.S. or to transfer from another J-1 sponsoring institution to Midwest University. The International Office of Midwest University is responsible for issuing Form DS-2019 through the Student & Exchange Visitor Information System (SEVIS), the web-based computer system used by the U.S. Department of Homeland Security to track and monitor international students, scholars and programs. Please complete the application forms.

### Application Deadline: **SIX WEEKS BEFORE ARRIVAL DATE** of exchange visitor

From receiving the Form DS-2019 at home country to schedule an interview with a U.S. Consulate to apply for a J1 visa, to make travel plans, and to finally arrive on campus, an exchange visitor needs a minimum of five weeks. International Office needs 3-5 business days to process the application, depending on the workload of the time the application is submitted. **Visitors should NOT schedule visa interview with a U.S. Consulate until receiving confirmation that the DS-2019 has been mailed.** Please plan early and submit completed application to International Office **SIX weeks before** the arrival date. Your cooperation is greatly appreciated by the visitors as well as by International Office staff.

### Application Fee Information

* J-1 DS-2019 Application fee	USD \$1040
* J-2 Dependent	USD \$240 (per person)

- The application fee must be paid at the time you submit the application and cannot be submitted separately
- The application cannot be processed or reviewed by Midwest International Research Institute (MIRI) unless the application fee has been paid
- Applications received without the application fee at the time of submission will be considered incomplete and cannot be processed.

- **Midwest University Bank Account** information is provided as below:

Bank: US Bank

Routing Number: 081000210

Account Number: 152315109230

Sift Code: USBKUS44IMT

Address: 1 Lake St. Louis Blvd., Lake St. Louis, MO 63367 U.S.A

- Once admitted, a DS-2019 form will be generated for you to use to obtain a visa to study/research in the U.S. This document will be mailed to YOU via express mail unless otherwise instructed.

Midwest International Research Institute (MIRI)

Midwest University

851 Parr Rd., Wentzville, MO 63385 U.S.A.

Tel: 1-636-327-4645 Fax: 1-636-327-4715, Email: [miri@midwest.edu](mailto:miri@midwest.edu)



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<b>1. The purpose of this request:</b>		<input type="checkbox"/> Professor and/or Researcher <input type="checkbox"/> Student- Intern	Attach 2 recent 2x2 sized photos of yourself here
<b>2. Personal Information:</b>			
(Last or Family Name)	(First Name)	(Middle Name)	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: (mm/dd/yyyy)		
E-mail Address:			
City of Birth :		Country of Birth :	
Country of Citizenship		Passport Number	Passport Expiration Date(mm/dd/yyyy)
<b>3. Current Address:</b>			
(all documents will be sent to this address)	Street Address		
	Postal Code	City	State(if necessary for mail) Country
	Telephone	Mobile Phone	Email
<b>4. Permanent Address</b>			
<input type="checkbox"/> Check here and do not complete if the information is the same	Street Address		
	Postal Code	City	State(if necessary for mail) Country
	Telephone	Mobile Phone	Email
<b>5. Emergency Contact</b>			
(must be a relative, spouse, or guardian)	Full name		Relationship to You
	Street Address		
	Postal Code	City	State(If necessary for mail) Country
	Telephone	Mobile Phone	Email
<b>6. Present or Former Position</b> in the country of permanent residence: (For example: Is he/she a professor, researcher, graduate student, government employee/administrator, in the private sector? Please give concise description.)			
Has been a J-1 scholar in the US? Yes <input type="checkbox"/> No <input type="checkbox"/> End date of most recent J-1 program:			
Previous J-1 Sponsor organization name:			
Previous J-1 Sponsor contact information:			
<b>7. Religion Background</b>			
<b>Your Religion:</b> <input type="checkbox"/> Christianity <input type="checkbox"/> Buddhism <input type="checkbox"/> No Religion <input type="checkbox"/> Other ( )			
<b>Denominational Affiliation:</b> ( )			





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<b>Dependent #2</b>					
(Last or Family Name)		(First Name)		(Middle Name)	
<b>Relationship:</b>	Spouse, Daughter, Son	<b>Date of Birth:</b>	mm/dd/yyyy	<b>Place of birth:</b>	City & Country
_____		_____		_____	
Country of Citizenship		Passport Number		Passport Expiration Date (mm/dd/yyyy)	
<b>Dependent #3</b>					
(Last or Family Name)		(First Name)		(Middle Name)	
<b>Relationship:</b>	Spouse, Daughter, Son	<b>Date of Birth:</b>	mm/dd/yyyy	<b>Place of birth:</b>	City & Country
_____		_____		_____	
Country of Citizenship		Passport Number		Passport Expiration Date (mm/dd/yyyy)	
<b>Dependent #4</b>					
(Last or Family Name)		(First Name)		(Middle Name)	
<b>Relationship:</b>	Spouse, Daughter, Son	<b>Date of Birth:</b>	mm/dd/yyyy	<b>Place of Birth:</b>	City & Country
_____		_____		_____	
Country of Citizenship		Passport Number		Passport Expiration Date (mm/dd/yyyy)	
<p>Note: If more space is needed, please attach an extra sheet of paper. Be sure that all names are spelled correctly and exactly as they are in the individual's passport. A misspelling of a name can lead to a visa denial.</p>					
<p><b>13. Insurance Coverage (Medical, Evacuation, &amp; Repatriation)</b></p> <ul style="list-style-type: none"> <li>• Medical benefits of at least \$100,000 per person per accident or illness</li> <li>• Expense associated with medical evacuation in the amount of \$50,000</li> <li>• Repatriation of remains in the amount of \$25,000</li> <li>• A deductible not to exceed \$500 per accident or illness</li> </ul> <p>Note: Participants in the J-1 Exchange Visitor Program are required to have medical insurance that covers them for sickness or accident during the period of time they are participating in MU's exchange visitor program. The Exchange visitor must provide proof of insurance as indicated above to the office of International Affairs within two weeks of the start of the program listed on the Exchange Visitor's DS-2019.</p>					



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### **IMPORTANT: TWO-YEAR HOME COUNTRY PHYSICAL PRESENCE REQUIREMENT**

Some J-1 Exchange Visitors and their J2 dependents may be affected by a provision referred to as the "two-year home country physical presence requirement." This means that after completing his/her program in the U.S. as outlined on the Form DS-2019, an Exchange Visitor must return to his/her home country for two years. This requirement usually applies to the following: 1) Exchange Visitors whose programs are financed in whole or part, directly or indirectly, by the U.S. or home country government or a foreign sponsor; 2) Exchange Visitors whose country and field of specialized knowledge (skills) are listed in the most recent "skills list" published by the U.S. Department of State; 3) Exchange Visitors who are receiving graduate medical education or training in the U.S. A waiver of this requirement may be possible. This special characteristic of J-1/J-2 status should be clearly understood by the J1 Exchange Visitor. Any questions regarding this matter should be discussed with the International Office of Midwest University.

### **Attach ALL documents listed below and email to [miri@midwest.edu](mailto:miri@midwest.edu) :**

1. Copy of the bio-page of your and your dependents' passports showing legal name, date of birth, city of birth, country of birth, gender and expiration date
2. If not funded by Midwest University, provide the proof of funding and/or sponsor (i.e., a letter from an employer, private sponsor including parents or yourself)
3. Proof of **health insurance coverage** for full period of DS-2019
4. Your very brief research/teaching plan (less than one page)
5. Your CV/resume
6. Your official transcripts and/or degree certification
7. Funding for dependents if coming: please provide original financial documents of \$5,000/year for spouse plus \$3,500 for each child) \$ \_\_\_\_\_
8. Copy of marriage certificate in ENGLISH (must be an official legal translation)

**I attest that I have read the information above and fully understand its contents.**

Signature

Date(mm/dd/yyyy)