

Hope College Visiting Scholars/Professors DS-2019 Application

When a Hope College Department invites an Exchange Scholar/Professor for research or teaching purposes, a J-1 visa is the appropriate visa for the visitor. This form should be completed by the requesting faculty sponsor in the Department (not to be completed by the visiting scholar/professor.) Once this form is complete and all signatures have been acquired as listed on page 5, and a copy of the offer letter has been attached to the application, please forward all materials to the Fried Center for Global Engagement (FCGE) in the Martha Miller Center. The FCGE will review the paperwork and issue the DS-2019. The exchange scholar/professor will need the DS-2019 in order to obtain a J-1 visa at a U.S. Consulate Office prior to entering the U.S. If there are any questions, please call Habeeb Awad, the International Student Advisor at (616) 395-7605.

PART I - DEPARTMENT INFORMATION

1. Host Department: _____ Telephone #: _____
2. Department Address: _____ Fax #: _____
3. Faculty Sponsor: _____ Telephone #: _____
4. E-mail: _____ Lab #: _____
5. Is there an alternate contact: If yes, whom: _____ Telephone #: _____
6. Upon completion of the DS-2019, the FCGE should contact: _____
(Name)

(Department)

(Telephone)

(Email)

PART II - EXCHANGE SCHOLAR/PROFESSOR INFORMATION

1. Name of Exchange Scholar/Professor: _____
(Family/Last Name) (Given/First Name)
2. Gender: _____ Male _____ Female Date of Birth: _____
(Month/Day/Year)
3. Place of Birth: _____
(City) (Country)
4. Citizen of: _____ Legal/Permanent Resident of: _____
5. Exchange Scholar/Professor's mailing address: _____
(Street Address/No Post Office Boxes Accepted)

(City) (Province) (Country) (Postal Code)
6. E-mail: _____ Telephone No #: _____
7. Occupation and Employer in country of legal/permanent residence: _____
8. Has this Exchange Scholar/Professor held a J-1 or J-2 immigration status at any U.S. institution in the past 24 months? If yes, give dates and location of the most recent visit: _____

NOTE: If Exchange Scholar/Professor is currently in the U.S., attach copies of passport, visa, I-94 card and current DS- 2019 form.

PART III - DEPENDENT INFORMATION

If the Exchange Scholar/Professor plans on bringing dependents to Hope College, please provide the following dependent information.

1. Name of Dependent #1: _____
(Family/Last Name) (Given/First Name)
2. Gender: _____ Male _____ Female Date of Birth: _____
(Month/Day/Year)
3. Place of Birth: _____
(City) (Country)
4. Citizen of: _____ Legal/Permanent Resident of: _____

1. Name of Dependent #2: _____
(Family/Last Name) (Given/First Name)

2. Gender: _____ Male _____ Female Date of Birth: _____
(Month/Day/Year)

2. Place of Birth: _____
(City) (Country)

3. Citizen of: _____ Legal/Permanent Resident of: _____

1. Name of Dependent #3: _____
(Family/Last Name) (Given/First Name)

2. Gender: _____ Male _____ Female Date of Birth: _____
(Month/Day/Year)

2. Place of Birth: _____
(City) (Country)

3. Citizen of: _____ Legal/Permanent Resident of: _____

PART IV- PROGRAM INFORMATION

1. Description of Exchange Scholar/Professor's proposed program here at Hope College. (i.e. conduct research in theoretical physics, teach courses in History; conduct three-day workshop in ecology; observe college administration). Please note: one sentence briefly describing exactly what the scholar/professor will be doing while at Hope College is required to be entered into SEVIS, failure to furnish this information will hold up the process of issuing the DS-2019:

2. Dates of visit at Hope College: From: _____ To: _____
(Month/Day/Year) (Month/Day/Year)

Proposed Position/Job title the J-1 Exchange Scholar/Professor: _____

3. Will Exchange Scholar/Professor be employed by, or visiting other U.S. institutions before or after the Hope College visit? If yes, give details on separate sheet of paper and call the FCGE at 616- 395-7605 to set up an appointment with Habeeb Awad.

PART V – FINANCIAL SUPPORT INFORMATION

Fill in all applicable sources of funding to indicate total amount of support for the duration of the period Exchange Scholar/Professor will be at Hope College. Required funding for an exchange scholar/professor is \$750.00 per month. Additional funding for first dependent is \$400.00 per month; and each additional dependent is \$200.00 per month. Please provide financial verification (i.e. notarized bank statement, letter of offer, etc.)

FINANCIAL SUPPORT INFORMATION

<u>Source</u>	<u>Amount</u>
Personal Funds of Exchange Scholar/Professor:	\$ _____
Hope College:	\$ _____
Exchange Visitor's Government:	\$ _____
Other Agency or Organization*:	\$ _____
 TOTAL AMOUNT OF FUNDING:	 \$ _____

Please note: FCGE always recommends the Exchange Scholar/Professor shows at least \$750.00/month or more in personal funds (notarized bank statement) from their country. When applying for the visa, an Immigration Officer at the Consulate likes to see money in an account which ties an individual to their home country.

*If support funding is from a grant or contract award for the sole purpose of international exchange, name the granting agency and include supporting document.

PART VI – HEALTH INSURANCE INFORMATION

The U.S. State Department regulations require all J-1 Exchange Scholar/Professors (including their dependents) to have health insurance coverage throughout the duration of stay while at Hope College. Note: The FCGE requires all J-1 visa holders to provide proof of insurance coverage which meets Hope College requirements. As Faculty Sponsor/Host Department it will be your responsibility to make sure the Exchange Scholar/Professor purchases and/ or provides sufficient health insurance coverage to the FCGE.

Exchange Scholar/Professor will be covered by:

_____ Personal health insurance policy (**Must provide policy in English**)

_____ Health insurance through a US Health Insurance Company.

PART VII – APPROVAL SIGNATURES

Approval by Chair of the Department:

(Signature)

(Type Name)

(Date)

Approval by Dean:

(Signature)

(Type Name)

(Date)

Approval by Provost:

(Signature)

(Type Name)

(Date)

Approval Required by Director of Human Resources

(Signature)

(Type Name)

(Date)

All signatures and supporting documents must be attached to the application when submitting this application to the International Student Advisor in the Fried Center for Global Engagement, 257 Columbia Avenue.

PART VIII - CHECKLIST

Please be sure to attach the following documents to this application and submit it to the FCGE for processing.

_____ Completed Application for Visiting Scholar/Professor DS-2019 - **REQUIRED**

_____ Completed Signature Page (pg. 5) - **REQUIRED**

_____ Hope College Offer Letter - **REQUIRED**

_____ Exchange Scholar/Professor Financial Verification Documents - **REQUIRED**

_____ Agency/Organizational Grant Award Letter (if applicable)

_____ Health Insurance Policy (English) - **REQUIRED**

_____ Details regarding Exchange Scholar/Professor Professional Travel Plan
(visiting other institutions, conferences, etc.)

_____ Copies of Passport, I-94, Visa and Current DS-2019 (only if currently in the US)

FRIED CENTER FOR GLOBAL ENGAGEMENT

To be completed by the Fried Center for Global Engagement

_____ Date Received

_____ Date Processed

_____ Date Mailed to Exchange Scholar/Professor

Additional Comments/Notes:

(Signature)

(Type Name)

(Date)