Office of International Affairs
Phone: (337) 482-6819 // Fax: (337) 262-1346
E-mail: exchange@louisiana.edu // Web: http://louisiana.edu/oia

J-1 APPLICATION
REQUEST FOR A DS-2019 FORM

Instructions:
Please complete all sections of the J-1 application. This application will need to be completed by both the prospective exchange visitor as well as the UL Lafayette faculty or staff hosting the exchange visitor. Once the application is complete, please forward the application to exchange@louisiana.edu. The following documents should also be sent along with the completed application:

1. Copy of the standard UL Lafayette employment offer letter or, if no employment is involved, the UL Lafayette letter of invitation.
2. Copy of the document(s) verifying the source and amount of funding which is in lieu of or in addition to UL Lafayette funding.
3. Copy of the prospective exchange visitors resume or vita, if available.
4. Copy of the prospective exchange visitors passport.

1. Name: _____ _____ _____
Family Name First Name Middle Name

2. Gender: ☐ Male ☐ Female 3. Date of Birth: _____/_____/_____
Month Day Year

4. City and country of birth: _____

5. Country of Citizenship: _____

6. Country of legal permanent residence: _____

7. Present or former position in country of permanent residence

_____

8. Proposed dates of stay: From: _____/_____/_____ To: _____/_____/_____
Month Day Year Month Day Year

9. Host department and phone number: _____

10. Title of proposed position: _____

11. Brief description of responsibilities: _____

_____

12. Source and amount of funding:

University of Louisiana at Lafayette $ _____
- OR -
Other (please specify) _____ $ _____

13. If applicable, please list all locations and dates of previous times in J-1 exchange visitor status:

_____

14. Will the exchange visitor be accompanied by spouse or children? Yes ☐ No
If yes, give names, dates of birth, and places of birth on page 2

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DEPENDENT INFORMATION

1. Name: _____ _____ _____
   Family Name First Name Middle Name

2. Gender : ☐ Male ☐ Female 3. Date of Birth: _____ / _____ / _____
   Month Day Year

3. City and Country of Birth: _____

4. Citizen of: _____ 5. Legal Permanent Resident of: _____

5. Relationship to Exchange Visitor: ☐ Spouse ☐ Child

DEPENDENT INFORMATION

1. Name: _____ _____ _____
   Family Name First Name Middle Name

2. Gender : ☐ Male ☐ Female 3. Date of Birth: _____ / _____ / _____
   Month Day Year

3. City and Country of Birth: _____

4. Citizen of: _____ 5. Legal Permanent Resident of: _____

5. Relationship to Exchange Visitor: ☐ Spouse ☐ Child

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1. Name: _____ _____ _____
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   Month Day Year

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5. Relationship to Exchange Visitor: ☐ Spouse ☐ Child

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Exchange Visitor Contact Information

Address:

(Street)

City: Province/Territory:

Country: Postal Code:

Phone Number: Email:

Is the exchange visitor currently in the U.S.? ☐ Yes ☐ No

If YES, current immigration status (e.g., J-1, F-1, B-1): _____

Please submit the following documents to the OIA along with the exchange visitors completed J-1 application

1. Copies of all immigration documents (DS-2019(s), I-20(s) or I-797(s)
2. Copy of most recent I-94
3. Copy of passport

UL Lafayette faculty or staff hosting the exchange visitor:

Name and Title:

Department:

Phone Number: Email:

Required Health Insurance

The current regulations governing the J-1 Exchange Visitor Program requires J-1 exchange visitors and any dependents who accompany the J-1 exchange visitor to have medical insurance coverage. The prospective J-1 exchange visitor is required by the United States Department of State to have at least:

1. Medical benefits of at least $100,000 per act:

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Certification of Medical Health Insurance Coverage
J-1 Exchange Visitor

Name:

Personal Email:

Expected Arrival Date: (Month/Day/Year) Expected Departure Date: (Month/Day/Year)

I certify that the above named individual and dependents have medical benefits of at least $100,000.00 per accident or illness, repatriation of remains in the amount of $25,000.00, expenses associated with medical evacuation of the exchange visitor to his or her home country in the amount of $50,000.00 and a deductible not to exceed $500.00 per accident or illness.

Dates of Coverage: From: To:

Name of Medical Health Insurance Company Signature of Agent Representing Medical Health Insurance Company Date

Please attach the following documents:

- Proof of the exchange visitors medical health insurance coverage (such as ID card or letter from insurance company).
- Verification of dates of coverage
- A description, in English, of the conditions of the medical health insurance coverage.
- If the medical health insurance is based on employee benefits provided to the exchange visitor's parent, documentation verifying the age through which the exchange visitor is eligible for coverage.

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Approval for the Employment/Visit of an Exchange Visitor (J-1 Status)

Name of Prospective Exchange Visitor:

Title of Position: Department:

We Certify that:

1. We agree to accept responsibility for this participant for the entire period of stay as requested on the form DS-2019. We hereby certify that there is sufficient funding to support this individual for the entire period stated on the J-1 visa application request form,
2. Should problems occur w.C /P appl-2(c)3(i)-2n(.959 0</MCID 22 >d76ni/LBody <9r2 /LBody <</MCIc