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| **California State University Northridge****J-1 Exchange Visitor Program** **VISA SPONSORSHIP REQUEST FORM**  |

The Exchange Visitor Program, administered by the U.S. Department of State allows the University to use the J-1 Exchange Visitor visa status to invite or employ foreign professors, research scholars, and short-term scholars in the United States temporarily.

**The University is required to:**

* Screen and select qualified foreign nationals to carry out exchange initiatives;
* Monitor the visitor’s stay while in the United States and assist with any issues that may occur;
* Ensure that the foreign national is successfully carrying out the responsibilities for which entry to the United States was granted;
* Ensure that exchange visitors are involved in cross-cultural programs where they can learn about the United States and its people;
* Maintain SEVIS records;
* Ensure that the exchange participants and his/her dependents, if any, are covered by health insurance; and
* Ensure that exchange visitors have sufficient finances to participate in the program and to support their spouse and dependents, if any.

CSUN faculty requesting visa sponsorship for a visitor are required to comply with University guidelines and serve as hosts through the duration of the visitor’s stay.

**The Faculty Host is responsible for:**

* screening and selecting visitors,
* monitoring the visitor throughout the stay and reporting any changes to Faculty Affairs,
* documenting and reporting all of the cultural exchange experiences activities to which the visitor participated,
* verifying that the visitor is proficient in the English language and requesting the required TOEFL score, and
* ensuring that the visitor has the appropriate insurance per the government regulations.

By signing, I acknowledge my responsibilities and understand that if I do not comply with University guidelines, the visa sponsorship of my visitor(s) may be rescinded and my college will have to pay for the travel expenses for them to return to their country. I may also lose my privilege to invite future international visitors.

**Faculty Host Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Faculty Host:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Mail Code:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Department/Program:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **College:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **SECTION ONE: Purpose and Duration of the Visit** |

**Purpose of the Visit**

The Exchange Visitor Program is intended to promote mutual understanding between the people of the United States and the people of other countries by educational and cultural exchanges. In particular, the exchange of professors and research scholars is intended to promote the exchange of ideas, research, mutual enrichment and linkages between research and academic institutions in the United States and foreign countries. **The main purpose of the Exchange Visitor Program is to foster global understanding through educational and cultural exchanges.** All exchange visitors are expected to return to their home country upon completion of their program in order to share their exchange experiences.

**Screening and Selection of Program Participants**

Sponsors devise a method and criteria for selecting participants for their programs. All sponsors, regardless of category, are required to determine 1) the suitability of their program for prospective participants; and 2) that participants have sufficient proficiency in the English language to participate in their programs. In addition, specific regulations pertaining to program categories may define other criteria. Please consult the regulations for each category for details on the specific screening requirements [22 CFR 62.10(a)].

**THE PURPOSE OF THE VISIT**

Attach any relevant communication with exchange visitor.

1. Proposed Visa category: \_\_\_\_\_\_\_ Research Scholar (primary objective is research, max. 5 years)

\_\_\_\_\_\_\_ Professor (reserved for specific cases)

\_\_\_\_\_\_\_ Short Term Scholar (max. 6 months)

Proposed job title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(TUC categories: Post Doctoral Fellow or Researcher)

1. What about the expertise of this individual justifies inviting this visiting scholar? How does his/her work and scholarly accomplishments add to the department’s and/or college’s instructional and research strengths*? Please include a CV with this request form.*

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1. What are the specific research and/or instructionally-related assignments for the visiting scholar during his/her stay? Please provide a detailed, non-technical description of the responsibilities and job duties.

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1. Please indicate what specific cultural programs/activities will be incorporated to the visitor’s experience while in the U.S. (Some examples of cultural programs and activities could be attending lectures by U.S. scholars/faculty/students; providing lectures to U.S. faculty/staff/students; attend performances which expose visitors to the U.S. culture; and other activities that promote cultural exchange.)

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**DATES OF THE PROPOSED VISIT**

Arrival Date (mm/dd/yyyy)

Departure Date (mm/dd/yyyy)

The planned dates of the visit should only reflect the appointment time the visitor will be at CSUN.

Important Considerations:

* Please allow at least **three months** prior to the planned start date of the visit in order for the Visiting Scholar to get an appointment with the Consulate.)
* CSUN is required to report to the Department of Homeland Security (DHS) when a J-1 scholar does not arrive at California State University Northridge within 30 days of their program start date, as listed on their DS-2019. CSUN must terminate the DS-2019 and the visiting scholar would not be eligible for a J-1 visa nor entry into the U.S. with J-1 Status. A visiting scholar should NOT attempt to enter the U.S. more than 30 days after the start date on the DS-2019; they will most likely be turned away at the border.
* If the visiting scholar is unable to arrive to the CSUN to start your program within the 30-day window or they have decided not to pursue the J-1 exchange visitor program at the present time, please notify CSUN immediately. We must either notify DHS and cancel your request for a J-1 visa with the University or issue the visiting scholar a new form with a later start date. This also applies to those who are transferring to CSUN from another J-1 program. Failure to notify CSUN of your inability to or decision not to enter the U.S. within 30 days of your program start date could jeopardize the visiting scholars current immigration status as well as your ability to pursue future visa applications.
* CSUN will change the arrival date once and issue a second DS-2019. If the visiting scholar cannot arrive within 30 days of the new arrival date, CSUN will terminate their DS-2019 and the visiting scholar would not be eligible for a J-1 Visa nor entry into the U.S. in J-1 Status. The faculty requesting the visa will have to resubmit a request. *Please IMMEDIATELY notify the Office of Faculty Affairs if you know that the visiting scholar will not be able to meet the start date, as indicated on their DS-2019 form and appointment letter.*

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| **SECTION TWO – Housing, Financial Support, & Benefits** |

**Housing Arrangements**

While the sponsoring college/department may not be providing housing for the visiting scholar (who may, for example, have those arrangements covered by their home institution, by personal funds, or the like), it is important that the sponsoring CSUN department/college check to ensure that housing arrangements are in place (so that the visiting scholar does not arrive with mistaken expectations and/or no housing arrangements in place).

**Funding**

Please provide a budget for the planned visit, and indicate the dollar amount for each item to be provided. The budget should include all committed resources. Though necessary expenses may vary from one visitor to another, typical budget items include the following: compensation (if any) for the visiting scholar/instructor; general office-expense or lab-funding allowance; office and/or lab space; office and/or lab equipment; library access; access to designated campus facilities (e.g., CSUN Recreation Center); student and/or teaching assistant/s; and housing and living expenses. If there are specific expenditures involved (beyond allocation of resources – office, existing equipment, etc.), please indicate the sources of the funding, e.g., general fund, Trust, University Corporation grant, and/or grants held by the visiting scholar or made by his/her home institution.

NOTE: If the grant funding is managed by the University Corp, please include the project ID and account number. The University Corp. will verify that appropriate funds are available.

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| **Appointment Type** | **Do they need to have a PhD degree?** | **Do they need to be enrolled as a CSUN student?** | **Pay requirement** | **Hours** | **Benefits** |
| Research Scholar  | Yes. | No | See salary scale. | Full time, exempt | Eligible for benefits |

**SOURCES OF FINANCIAL SUPPORT:**

**Minimum Salary Requirements: As of January 1, 2017, the minimum required salary is $43,680 annually. Anyone hired with a salary less than $43,680 will be automatically adjusted to the new minimum on January 1, 2017. Please plan accordingly.**

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| Suggested Salary Scale |
| Less than 3 years of experience: | $43,680—$46,080 |
| 3 to 5 years of experience: | $46,080—$50,080 |
| More than 5 years of experience | $50,080— |

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| Funding Source | Amountper month(USD) | # ofMonths | TotalAmount |
| **CSUN** General Fund Account # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $  |  | $ |
| **The University Corp**Account # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ |  | $ |
| **U.S. Government agency** funds to ***this*** Exchange Visitors:Name of Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ |  | $ |
| **International Organization**: [e.g. UN, WHO, NATO] funds to ***this*** Exchange Visitor: Name of Agency:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ |  | $ |
| **Exchange Visitor’s Government:**Name of Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ |  | $ |
| **Other organizations/Institutions** in the U.S. or abroad:Names(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ |  | $ |
| **Personal funds** (must include a bank statement for the last two months): | $ |  | $ |

**BENEFITS:** As part of resource allocation, what type of benefits do you intend to provide?

[ ]  No Benefits - **for employees who work less than 3 months**

[ ]  Benefit Category Group B - **for employees working an average of 30 or more hours a week**

* Vacation - Dental Plan
* Sick Leave - Vision Plan
* Personal Holiday - Life Insurance/AD&D
* Paid Holidays - Retirement Benefits (under specific conditions)
* Health Insurance - Tax Sheltered Annuity Plan

**INSURANCE:**

**Health Care Insurance**

The CSUN-sponsored health insurance does not become effective immediately. All visitors need to have health and accident insurance policy offering at least U.S. $100,000.00 (USD) in major medical and hospital coverage. Therefore, proof of health insurance *(including provisions for evacuation and repatriation)* is required for the first 30 days of the appointment. Once the CSUN-sponsored health care benefits take effect, the visiting scholar will no longer need to provide proof of health care insurance.

**Repatriation and Evacuation Insurance**

In addition to healthcare coverage, visitors must have insurance coverage of ***$25,000.00 (USD) in repatriation and $50,000.00 (USD) evacuation costs*** through their entire appointment at CSUN. Additionally, the visitor’s deductible should not exceed $500 USD per accident or illness.

To purchase the adequate insurance policy, we strongly recommend visiting the following link: [www.csuhealthlink.com](https://www.csuhealthlink.com/). If the policy is purchased elsewhere, please bring a receipt showing proof of expiration date as well as the policy description, or a letter from the insurance company with your full name verifying that your current insurance meets the above requirements. Policies purchased in countries other than the United States must be officially translated in English and all relevant amounts must be in U.S. dollars.

**VERIFICATION OF FUNDS**

Human Resources Approval from the CSUN University Corporation:

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: Date: \_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Budget Verification from the CSUN University Corporation if the planned visit will use CSUN grant funds managed by the CSUN University Corporation:

The signature of the University Corporation representative, below, confirms that the grant funds as proposed in the budget above are available and are being appropriately used for the proposed scholarly visit as outlined above.

Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: Date:\_\_\_\_\_\_\_\_\_\_\_

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| **SECTION THREE: Information about the Proposed Visiting Scholar** |

WHERE TO SEND THE OFFICIAL INVITATION: Please include a complete mailing address, home telephone and fax number to which the letter of invitation and DS-2019 Form should be sent. If other handling is desired, please specify the person to contact or procedure to be followed:

Organization Name:

First Name: Last Name:

Address 1:

Address 2:

City: Country:

Postal Code/Zip Code:

Cellular Phone: Landline Home Phone:

Office Phone: Fax:

Email Address:

MORE DETAILED INFORMATION ON THE VISITING SCHOLAR

Last Name (Family Name):

First Name: Middle Name:

Male: [ ]  Female: [ ]  Birth date (month/day/year):

Highest degree obtained: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Note: Attach a transcript with a conferred degree with this application.*

Is the visiting scholar enrolled in an academic institution in their home country?

Yes: [ ]  No: [ ]

If Yes, please state the degree type and name of the University:

If No, please state the visiting scholar’s home academic or administrative affiliation (department,

school, University, etc.):

Has the Visiting Scholar had a J-1 visa before? Yes: [ ]  No: [ ]

 If Yes, please state the dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Please attach a copy of the DS2019.*

City of Birth: Country of Birth:

Country of Citizenship: Country of Legal Permanent Residence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ENGLISH LANGUAGE PROFICIENCY**

A program sponsor’s “screening and selection system” must include determining sufficient language proficiency per the following law:

***“The exchange visitor possesses sufficient proficiency in the English language, as determined by an objective measurement of English language proficiency, successfully to participate in his or her program and to function on a day-to-day basis.” 22 CFR 62.10(a)(2) [10}***

The University requires that any visiting scholar provide TOEFL test scores prior to accepting this request. Documentation of the TOEFL score must accompany this request. Additionally, upon arrival, the visiting scholar will be interviewed to verify language proficiency.

**STEP ONE: Test score**

All visiting scholars must provide their official scores of the [Test of English as a Foreign Language](https://urldefense.proofpoint.com/v2/url?u=http-3A__www.ets.org_toefl&d=AwMFaQ&c=Oo8bPJf7k7r_cPTz1JF7vEiFxvFRfQtp-j14fFwh71U&r=Ht0ZdhqK1JFBkOE1uPnS2KKk9lOrl5EmQU49gdWJljk&m=Ax8uUbZm_ysVt_14M8MTn0ZyJdE5g1aByNacR5wwbvU&s=7V1ijyBuU396ZZIrDc6NBoSCbazINTr_5oYeDZqePno&e=) (TOEFL), the approved English proficiency exam for international visiting scholars at CSUN. The only exception to this requirement is if the scholar has a bachelor's or Master’s degree from a U.S. college or university. In order to be considered sufficiently proficient, the scholar must earn at least 500 on the paper-based exam, 79/80 on the Internet-based exam, or 213 on the computer-based exam. In the event that the TOEFL is unavailable, two other exams that can be used to determine English language proficiency are IELTS and PTE Academic. In order to be considered sufficiently proficient, the scholar must earn at least 6.5 or higher for the IELTS or 58 or higher for the PTE Academic. No exceptions.

**STEP TWO: Face-to-face verification**

During the request to sponsor international visitors, faculty sponsors are required to confirm that they have verified that the level of English proficiency meets the government standards specified above. Upon arriving to the campus, all visiting scholars will be interviewed during the mandatory orientation and sign-in process. The interview will take place in the Office of Faculty Affairs. The purpose of the interview will be to verify that the scholar has sufficient proficiency in the English language as described above. The outcome of the interview will be documented.

In the event that the scholar is not able to engage in conversation during the interview, the faculty sponsor will be informed and the scholar will have to return to their home country. In these cases, the faculty sponsor is responsible to pay all of the traveling costs associated with the return of each scholar.

**My scholar’s test score is:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I used the \_\_\_\_\_\_\_\_\_\_\_\_\_\_ exam. Evidence of the score must be attached to this request.**

**Waiving the English Language Proficiency Requirement**

The English language proficiency requirement may be waived if the applicant is a native of or studied in full-time status for at least **one academic year** within the last five years in the U.S., the United Kingdom, Ireland, Australia, New Zealand or English medium universities in Canada or South Africa.

Evidence such as transcripts or degree(s) associated with these studies must accompany this request in order to be considered for the waiver.

If the waiver requirement is not met, but the Faculty Host believes the visiting scholar is proficient in the English Language, please state below when and how this requirement has been met. Additionally, provide any and all evidence necessary to justify your request for a waiver.

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REQUEST CHECKLIST:

* Completed Request Form with Dean’s and Chair’s signature.
* English Language Exam score (or attached waiver evidence and explanation).
* Transcripts/Degree copies
* CV or Resume
* DS2019 copy, if had a J-1 visa before

Upon arrival, the visiting scholar must also:

* Provide proof of insurance
* Provide a home address while at the University
* Attend an orientation in the Office of Faculty Affairs (language verification included)
* Attend an HR orientation in The University Corporation

**SIGNATURE PAGE**

**DEPARTMENT CHAIR’S SIGNATURE**: The signature of the sponsoring department’s/program’s chair/coordinator indicates approval of the plan and the department’s readiness to assume the responsibilities involved in sponsoring and hosting this proposed Visiting Scholar.

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

**MANAGER OF ACADEMIC RESOURCES**: The signature of the sponsoring college’s MAR, below, indicates that all elements of Section 2 have been reviewed.

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the College MAR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

**COLLEGE DEAN’S SIGNATURE**: The signature of the sponsoring department’s/program’s dean indicates the college’s support for this proposed Visiting Scholar, confirmation that the proposed visit will be of significant benefit to CSUN and the college’s faculty and students, and that the college confirms its willingness to provide the resources and support needed for this Visiting Scholar as outlined above.

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

**FACULTY AFFAIRS**: The signature of the Interim Associate Vice President for Faculty Affairs confirms that this form has been completed in keeping with University procedures and provides the information necessary to approve the request and process a formal letter of invitation.

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

**CSUN PROVOST**: The signature of the Provost (or designee) indicates that the Provost has been informed of this planned visit and supports its moving forward as described above.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

**Return Completed form to:**

**Carmen Lichtscheidl**

**Office of Faculty Affairs**

**UN 225**

**Mail Code: 8220**