INTERNATIONAL SERVICES OFFICE, LOUISIANA STATE UNIVERSITY
101 Hatcher Hall            PHONE   (225) 578 3191            FAX (225) 578-1413

This form is used to request a Certificate of Eligibility for Exchange Visitor Visa (J-1) status, a document issued by International Services Office to foreign faculty and researchers for their use in obtaining a J-1 visa to enter the United States. The form should be completed by the host department, signed by the department head and sent to the International Services Office for processing.

The purpose of the J-1 Exchange Visitor Program is to provide foreign nationals with opportunities to participate in educational and cultural programs in the United States and return home to share their experiences. Although the J-1 category allows employment in certain circumstances, its purpose is to promote international exchange. Therefore, the J-1 Exchange Visitor category is not to be used for the sole purpose of employment. Individuals accepting tenure-track or permanent positions will not be employed under J-1 status. The J-1 is not appropriate for activities that involve clinical patient care, including animal patients.

DEPARTMENT INFORMATION

1. Host Department: _____________________________
2. Department Address: _____________________________
3. Department Contact: ________________________________________
4. Phone: __________________ Fax:__________________________
5. Host Professor/Sponsor_________________________Phone__________________

SCHOLAR INFORMATION

6. Name:_______________________________________

   FAMILY                      FIRST                      MIDDLE

7. Male / Female _____ Date of Birth: ___________________________ MM/DD/YR

8. Place of Birth: City:__________________ Country:__________________

9. Citizen of:__________________ Legal Permanent Resident of:__________________

10. Occupation and employer in country of legal permanent residence:__________________
11. In which country will the visitor obtain the visa?_________________________

12. Has the visitor held J-1 or J-2 immigration status at any institution in the past 24 months?

_______ Yes ________ No

If yes, give dates and location and attach copies of current and / or previous forms DS-2019.

13. Will visitor be going to other institutions as well? ________ Yes ________ No

If yes, give location and dates._____________________________________________________

14. Will visitor be accompanied by spouse or children? Yes _____ No _____

If yes, give names, dates of birth, and places of birth, on separate page.

PROGRAM INFORMATION

15. The purpose of the J-1 Exchange Visitor Program is to provide foreign nationals with opportunities to participate in educational and cultural programs in the US, and return home to share their experiences; and to encourage Americans to participate in educational and cultural programs in other countries. Please provide a detailed description of the purpose of the visitor’s visit to LSU. Attach additional information to help us understand the program objective of the visit (eg letter of intent, invitation letter, full job or program description, etc).

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

16. Dates of visit to LSU: From: ________________ To: ________________

MM/DD/YR-MM/DD/YR

17. Is there a possibility that visitor will extend stay beyond dates given above?

_________

If yes, what is the maximum anticipated timeframe?______________________________

Please explain:_________________________________________________________________

18. Proposed job title approved by HRM (J-1 visa will not be used for tenure track positions; or positions that require animal or human patient contact):

________________________________________________________________________

Attach copies of approved HRS form
FUNDING INFORMATION

19. List all sources of support for the visitor during the visit. Provide documentation of any NON-LSU funding. The documentation may be in the form of bank letters, if personally funded, or a letter from the funding organization specifying the dates and total amount of funding.

<table>
<thead>
<tr>
<th>SOURCE</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>LSU</td>
<td>$____________</td>
</tr>
<tr>
<td>Visitor's Government</td>
<td>$____________</td>
</tr>
<tr>
<td>Other Organizations</td>
<td>$____________</td>
</tr>
<tr>
<td>Personal Funds</td>
<td>$____________</td>
</tr>
</tbody>
</table>

REQUIRED SIGNATURE OF PERSON WITH HIRING AUTHORITY

Department Head’s Name:________________________________________________________
Signature:____________________________________________________________________
Date:________________________________________________________________________

DEPENDENT INFORMATION

1. Name:______________________________________________________________

   FAMILY    FIRST    MIDDLE

2. Male / Female _____ Date of Birth: ________________________________ MM/DD/YR

3. Place of Birth: City:________________________ Country:____________________

4. Citizen of:_________________ Legal Permanent Resident of: __________________

5. Relationship to visitor:______________________________________________

DEPENDENT INFORMATION

1. Name:______________________________________________________________
2. **Male / Female ____** Date of Birth: ____________________________ **MM/DD/YR**

3. Place of Birth: City:_________________________ Country:_________________

4. Citizen of: ________________ Legal Permanent Resident of: ______________

5. Relationship to visitor:_________________________________________________

**DEPENDENT INFORMATION**

1. Name:______________________________________________________________

2. **Male / Female ____** Date of Birth: ____________________________ **MM/DD/YR**

3. Place of Birth: City:_________________________ Country:_________________

4. Citizen of: ________________ Legal Permanent Resident of: ______________

5. Relationship to visitor:_________________________________________________