This form is used to request a Certificate of Eligibility for Exchange Visitor Visa (J-1) status/ Form DS-2019, a document issued by International Services to foreign faculty and researchers for their use in applying for a J-1 visa at the US consulate abroad and to apply for admission to the United States. This form should be completed by the host department, signed by the department head, and sent to the International Services 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.

SECTION 1: GENERAL INFORMATION

1. Exchange Visitor’s Name (Family, First, Middle) ______________________________________

________________________________________________________________________________

2. Dates of visit (MM/DD/YR): From: ___________________To: ___________________________

3. Host Department: ________________________________________________________________

4. Department Address: _____________________________________________________________

5. Department Contact: _____________________________________________________________

6. Phone: __________________ Fax: __________________ E-Mail: ________________________

7. Host Professor/Sponsor: ___________________________________________________________

8. Phone: __________________________ E-mail: ________________________________________

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

If yes, what is the maximum anticipated timeframe? ______________________________________

Please explain: ______________________________________________________________________

10. What is the 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):

__________________________________________________________________________________
SECTION II: EXCHANGE VISITOR AND PROGRAM INFORMATION

11. Gender (Male / Female): _____ Date of Birth (MM/DD/YY): _______________________________

12. City of Birth: __________________________ Country of Birth: __________________________


14. Occupation and employer in country of legal permanent residence: ___________________________

15. Research area: ________________________________________________________________

16. In which country and city outside the United States (US embassy/consulate abroad), will the visitor apply for the J-1 visa? __________________________

17. 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.

18. Will visitor be going to other institutions as well? ______ Yes ______ No

If yes, give location and dates. _________________________________________________________

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

If yes, give names, dates of birth, and places of birth, in the DEPENDENT INFORMATION section.

20. Visitor’s e-mail address: __________________________________________________________

21. Visitor’s home address: ___________________________________________________________

22. If the visitor is a graduate student in the home country, are they coming through an agreement between the home institution and LSU? ______ YES ______ NO

23. If yes, please provide brief information (if available) about the agreement __________________

24. Is the visitor coming through an individual agreement between the student and the LSU faculty? ______ YES ______ NO
25. 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 (e.g. letter of intent, invitation letter, full job or program description, etc.).

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

SECTION III: FUNDING INFORMATION

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. The minimum amount of money required for living expenses and insurance is $1,300.00 per month for the principal J-1 Visa holder. If dependents will accompany the scholar, documentation showing additional funds of $4,000.00 for the spouse and $3,000.00 per child for the initial exchange period must be submitted.

<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>

SIGNATURE OF PERSON WITH HIRING AUTHORITY

Department Head’s Name: ____________________________________________
Signature________________________________________________________
Date_____________________________________________________________
## SECTION IV: 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: ____________________________________________

---

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: ____________________________________________

---

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: ____________________________________________

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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: ____________________________________________

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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: ____________________________________________