



Request for J-1 Sponsorship: Visiting Scholar Portion

This form is completed by the visiting scholar to provide The Catholic University of America with the information needed to generate the immigration documents needed to acquire legal status to participate in academic activities on the CUA campus as a visiting professor, research scholar, short term scholar, or specialist.

BIOGRAPHIC INFORMATION ABOUT THE VISITING SCHOLAR	
NAME MUST MATCH THE ONE THAT APPEARS IN THE PASSPORT THAT WILL BE USED FOR TRAVEL TO THE U.S.	Family Name: <input style="width: 60%;" type="text"/>
	First Name: <input style="width: 60%;" type="text"/>
	Middle Name: <input style="width: 60%;" type="text"/>
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
INFORMATION ABOUT WHERE YOU WERE BORN:	Date of Birth: <input style="width: 60%;" type="text"/>
	City: <input style="width: 60%;" type="text"/>
	Province: <input style="width: 60%;" type="text"/>
	Country: <input style="width: 60%;" type="text"/>
INFORMATION ABOUT YOUR CITIZENSHIP AND IMMIGRATION STATUS IN OTHER COUNTRIES:	Citizenship: <input style="width: 60%;" type="text"/>
	Citizenship: <input style="width: 60%;" type="text"/>
	Legal Residence: <input style="width: 60%;" type="text"/>
INFORMATION ABOUT THE PASSPORT YOU WILL USE TO TRAVEL TO THE U.S.:	Issuing Country: <input style="width: 60%;" type="text"/>
	Passport Number: <input style="width: 60%;" type="text"/>
	Date Issued: <input style="width: 60%;" type="text"/>
	Expiration Date: <input style="width: 60%;" type="text"/>
Occupation in home country (professor, scientist, undergraduate student, graduate student, priest, etc.): <input style="width: 60%;" type="text"/>	
Street Address: <input style="width: 60%;" type="text"/>	



PERMANENT HOME ADDRESS IN HOME COUNTRY: (Immigration regulations for this classification require you to have a home where you intend to return)	Street Address:	
	City:	
	Province:	
	Postal Code:	
	Country:	
CONTACT INFORMATION	Telephone:	
	E-mail address:	
CURRENT HOME ADDRESS:	Street Address:	
	Street Address:	
	City, Country, Postal Code:	

INFORMATION ABOUT U.S. IMMIGRATION HISTORY	
IN THE PAST 24 MONTHS HAVE YOU HELD ANY J STATUS INCLUDING J2?	<input type="checkbox"/> No
	<input type="checkbox"/> Yes, please attach copies of DS-2019s Dates: J-1 Classification held (example, Research Scholar, Professor, etc):
IF CURRENTLY IN U.S., INFORMATION ABOUT CURRENT IMMIGRATION STATUS:	Current Status:
	Expiration Date:
	I-94 Card #:
	Please attach copies of current immigration documents



INFORMATION ABOUT PROGRAM ACTIVITY AT CUA		
DATES OF ACTIVITY AT CUA: (You may enter up to 30 days before the start of your program at CUA and leave up to 30 days afterwards)	Start Date:	
	End Date:	
HOST DEPARTMENT/SCHOOL INFORMATION	Department:	
	Host Professor:	
	Email:	
	Telephone:	
Activity Description: (Please describe what you will be doing in the U.S. during your stay)		
LOCATION(S) OF ACTIVITY: List each location where you will conduct research, teach, or visit while engaging in the activities described above. For each location provide the name of institution, street address, city, State and zip codes, and dates.	Location #1:	Dates:
		Company/Address:
	Location # 2:	Dates:
Company/Address:		



How many dependents will accompany you to U.S. (Spouse & unmarried children under 21 only.) Provide details on last page.

INFORMATION ABOUT HOW YOU WILL COVER YOUR PROGRAM COSTS

<p>FINANCIAL RESOURCES.</p> <p>Calculate the total amount of money available to you to support yourself during your stay at CUA.</p> <p>ATTACH DOCUMENTATION TO SHOW YOU HAVE THE FUNDING INDICATED.</p> <p>MINIMAL REQUIRED FUNDING LEVELS:</p> <p>For yourself: \$2,000 / month</p> <p>For each dependent: \$600 / month</p> <p>Please note these levels are extremely low. Washington, DC is a city with a very high cost of living.</p>	Source # 1	Name of funding source:			
		Government source?	[] No		
			Amount of Funding from this source:		
	Source # 2	Name of funding source:			
		Government source?	[] No		
			Amount of Funding from this source:		
	Source # 3	Name of funding source:			
		Government source?	[] No		
			Amount of Funding from this source:		
	Total Amount of Funding Available:				



English Language Ability/Academic Qualifications:

J-1 regulations effective January 5th 2015 require an objective measurement of the English language proficiency, sufficient to participate in the program and to function on a day to day basis.

I certify I have sufficient English language proficiency to participate in this program:

Please check all that apply:

- I am a citizen or permanent resident of an English speaking Country []
- I have taken a recognized English language test which demonstrates language proficiency[]
(attach score report – must be within 2 years)
- I have been interviewed by my CUA department host.
- I have obtained a degree from an educational institution in the United States or another English speaking country[] Please attach signed academic transcript.

PLEASE ATTACH SUPPORTING DOCUMENTATION

I certify that the information contained in this application is correct and accurate to the best of my knowledge and:

1. I have read and understand the Financial Requirements for J-1 Sponsorship described on the next page.
2. The amount of financial funding indicated above is readily available to me. I will notify International Student and Scholar Services of any changes in my funding
3. I have read the English Language Proficiency requirements
4. I have read Medical Insurance Requirements described on the next page of this application. I understand these requirements apply to me and any dependents that join me in the U.S. in J-2 status. I will ensure that I and any accompanying members of my family are covered by medical insurance.
5. I will notify ISSS of any delays in my arrival to ensure that my immigration records are accurately maintained to facilitate my arrival.

I have read and agree
with the above

Signature:

Date:

Required Attachments:

- Copy of current passport
- Copy of CV and diplomas and/or transcripts
- Evidence of financial support to cover costs associated with this program (unless source of funds is Catholic University)

Return form & attachments to:

International Student & Scholar Services,
 Center for Global Education
 The Catholic University of America



<ul style="list-style-type: none"> <input type="checkbox"/> Evidence of English language proficiency <input type="checkbox"/> Dependent Supplement Form <input type="checkbox"/> If in the U.S., I-94 information and copy of any underlying document (DS-2019, I-20, Form I-797 approval notice, etc.) 	<p>620 Michigan Ave., NE</p> <p>Pryzbyla Center – Room 201</p> <p>Washington, DC 20064</p> <p>Tel. 202.319.5618</p> <p>Fax 202.319.5894</p>
--	---

Financial Requirements

U.S. regulations require that you demonstrate the ability to cover the costs associated with your Exchange Visitor Program. Before Catholic University can issue any immigration documents, you must establish that you have the ability to support yourself and any accompanying dependents during your program. Your financial support does not have to come all from one source. It can come from several different sources, but each source must be documented.

CUA requires that you budget at least \$2,000 a month for costs if you are coming by yourself. You must have \$2,000 per month for yourself and \$600 per month for each dependent joining you in the U.S.

	Monthly Amount		Multiply by				Total
			# of months		# of people		
Funding needed for you:	\$2,000	x		x		=	
Funding needed for your dependents	\$600	x		x		=	

The cost of living in Washington, D.C. is 41% above the national average. The amounts reflected above provide for the basic standards of living.

Health Insurance Requirements as Mandated by Federal Law

U.S. regulations require that all individuals entering the U.S. on a J visa have insurance coverage for the entire time they are present in the country. The law requires insurance coverage in the following minimal amounts:



Mandatory Provisions	Required coverage
Medical Expenses	\$100,000
Deductible per accident/illness	\$500 maximum
Medical evacuation (if needed to return home for medical treatment in event of accident or illness in US)	\$50,000
Repatriation of remains (to send body back to home country if died in U.S.)	\$25,000

The Catholic University of America does not offer insurance to individuals who are not on the University payroll in an employment classification that is eligible for this benefit. You will need to discuss with your CUA host department whether you are eligible for the insurance plans offered University employees. If you are not eligible for the CUA insurance plan, you will have to obtain coverage on your own. ISSS maintains a partial listing of insurance companies that offer suitable insurance plans on its website:

<http://international.cua.edu/scholars//J1.cfm#Jinsurance>

You may choose whatever plan you like and are not limited to the companies on this list. It may be cheaper to obtain a plan from your home country. **However, please remember, they must meet the above requirements.**

Information about Your Family

Information about Your Spouse (Husband/Wife)		
NAME MUST MATCH THE ONE THAT APPEARS IN THE PASSPORT THAT WILL BE USED FOR TRAVEL TO THE U.S.	Family Name:	
	First Name:	
	Middle Name:	
Gender:		<input type="checkbox"/> Male <input type="checkbox"/> Female
INFORMATION ABOUT WHERE YOUR SPOUSE WAS BORN:	Date of Birth:	
	City of Birth:	
	Province:	



	Country:	
INFORMATION ABOUT YOUR SPOUSE'S CITIZENSHIP AND LEGAL RESIDENCE IN OTHER COUNTRIES:	Citizenship:	
	Citizenship:	
	Legal Residence:	

Information about Children		
Information about Child #1		
NAME MUST MATCH THE ONE THAT APPEARS IN THE PASSPORT THAT WILL BE USED FOR TRAVEL TO THE U.S.	Family Name:	
	First Name:	
	Middle Name:	
	Gender:	[] Male [] Female
INFORMATION ABOUT WHERE YOUR CHILD WAS BORN:	Date of Birth:	
	City of Birth:	
	Province:	
	Country:	
INFORMATION ABOUT YOUR CHILD'S CITIZENSHIP AND LEGAL RESIDENCE IN OTHER COUNTRIES:	Citizenship:	
	Citizenship:	
	Legal Residence:	

Information about Child #2		
NAME MUST MATCH THE ONE THAT APPEARS IN THE PASSPORT THAT WILL BE USED FOR TRAVEL TO THE U.S.	Family Name:	
	First Name:	
	Middle Name:	
	Gender:	[] Male [] Female
INFORMATION ABOUT WHERE YOUR CHILD WAS BORN:	Date of Birth:	
	City of Birth:	
	Province:	
	Country:	



INFORMATION ABOUT YOUR CHILD'S CITIZENSHIP AND LEGAL RESIDENCE IN OTHER COUNTRIES:	Citizenship:	
	Citizenship:	
	Legal Residence:	

Information about Child #3		
NAME MUST MATCH THE ONE THAT APPEARS IN THE PASSPORT THAT WILL BE USED FOR TRAVEL TO THE U.S.	Family Name:	
	First Name:	
	Middle Name:	
		Gender: [] Male [] Female
INFORMATION ABOUT WHERE YOUR CHILD WAS BORN:	Date of Birth:	
	City of Birth:	
	Province:	
	Country:	
INFORMATION ABOUT YOUR CHILD'S CITIZENSHIP AND LEGAL RESIDENCE IN OTHER COUNTRIES:	Citizenship:	
	Citizenship:	
	Legal Residence:	