

**INFORMATION ABOUT THE EXCHANGE VISITOR**

**1.** **Personal Information:**

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

(Last) First) (Middle)

Date of Birth: \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_ Sex: \_\_\_\_Male \_\_\_\_ Female

Month Day Year

Marital Status: \_\_\_\_\_ Single \_\_\_\_\_ Married

Country of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Country of Citizenship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Position/Occupation in Home Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address (home address):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. Program Information:** Proposed dates of program: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ to \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Month Day Year Month Day Year

Activities/Duties:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Funding Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ per \_\_\_\_\_\_\_\_\_

Source Funds\*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*If the exchange visitor will be employed by Shepherd University, an original offer letter must be attached indicating duties and salary. All other sources of support (sponsorship letters, bank statements, etc.) must be attached (in original, if available).

Insurance coverage for Exchange Visitor and dependents provided by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate how the English Language Skills to participate have been evaluated:

\_\_\_ In-person or videoconference (letter detailing results of interview must be submitted)

\_\_\_ TOEFL; IELTS, MELAB, EIKEN, or other English score (score must be attached to this request)

\_\_\_ Received degree from a U.S. or English instruction institution (transcript must be attached)

\_\_\_ Exchange Visitor’s native language is English

**3. Category of Visitor** (Check One):

\_\_\_\_ **Student**: If not admitted for full-time degree study, documentation of an agreement pertaining to the students activities at Shepherd University and the applicability of those activities to his/her degree requirements at the home school must be attached.

\_\_\_\_ **Professor**: Non-tenure-track or non-tenure position only.

\_\_\_\_ **Research Scholar**: Please indicate what degree the prospective research scholar holds

\_\_\_\_ Doctorate \_\_\_\_Master's \_\_\_\_Bachelor's. If bachelor's degree is checked, documentation of extensive research experience must be attached.

\_\_\_\_ **Short-term Scholar:** An individual coming to the U.S. short-term for the purpose of lecturing,

observing, consulting, training and demonstrating special skills. Maximum stay is 6 months.

Please indicate degree held. \_\_\_\_Doctorate \_\_\_\_ Masters \_\_\_\_Bachelors. If

Bachelor’s degree is checked, documentation of extensive experience must be attached.

\_\_\_\_ **Specialist:** An expert in a field of specialized knowledge or skill coming to the U.S. to observe,

consult or demonstrate special skills.

**4. Additional Information**:

Is the Exchange Visitor currently in the United States? \_\_\_\_Yes \_\_\_\_No

If yes, type of visa held: \_\_\_\_\_\_\_\_\_

If yes, attach copies of all immigration-related documents (passport, visa, I-94 card, approval notices, etc.) regardless of status.

**NOTE:** If J-1 is not the status the prospective J-1 Exchange Visitor will need to leave the U.S. to obtain a J-1 visa stamp or schedule an appointment with OII to prepare a change of status petition.

Has the Exchange Visitor been physically present in the United States as a J-1 or J-2 visa holder prior to this visit? \_\_\_\_Yes \_\_\_\_No

If Yes, please list the dates present: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_.

Month Day Year Month Day Year

If yes, please attach copies of forms DS-2019.

**Check One:**

\_\_\_\_\_ **New Exchange Visitor:** The exchange is not yet in the U.S.

\_\_\_\_\_ **Transfer:** The exchange visitor is the U.S. under the sponsorship of another J-1 exchange visitor program. For transfer applications please attach copies of all forms DS-2019 and the I-94 card. The supervisor must also write a letter explaining how the project at Shepherd University is related to the project the exchange visitor is working on for the current institution. In addition, the exchange visitor must have his/her SEVIS record released to Shepherd University before a DS-2019 can be issued. Shepherd University will get the record released upon receipt of this request. We will need the email address of the exchange visitor to do this.

\_\_\_\_\_ **Extension of Stay:** The exchange visitor is currently at Shepherd University and is seeking an extension of stay. Please attach a letter addressed to the exchange visitor indicating the length of time requested, title, duties and salary if applicable. If funding is not coming from Shepherd University, please include proof of financial for the remainder of the program. Also, include proof that the exchange visitor has purchased the required health insurance. To obtain an extension of stay, the exchange visitor must deliver all required documents to OII. If everything is in order OII will contact the exchange visitor to schedule an appointment.

**5.** **Dependent Information:**

Will spouse accompany the Exchange Visitor? \_\_\_\_Yes \_\_\_\_ No Will children?: \_\_\_\_Yes \_\_\_\_No

Spouse: Child: Child:

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

Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_

City of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_ City of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_

Country of Birth: Country of Birth: Country of Birth:

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

Citizen of: Citizen of: Citizen of:

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

Permanent Resident of: Permanent Resident of: Permanent Resident of:

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

Gender: \_\_\_ Male \_\_\_ Female Gender: \_\_\_ Male \_\_\_ Female Gender: \_\_\_ Male \_\_\_ Female

**Dependent Information-(Continued)-**

Child: Child: Child:

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

Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_

City of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_ City of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_

Country of Birth: Country of Birth: Country of Birth:

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

Citizen of: Citizen of: Citizen of:

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

Permanent Resident of: Permanent Resident of: Permanent Resident of:

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

Gender: \_\_\_ Male \_\_\_ Female Gender: \_\_\_ Male \_\_\_ Female Gender: \_\_\_ Male \_\_\_ Female

**6. Method of Delivery:**

Due to problems with the delivery of overseas mail, we strongly recommend that all DS-2019's be sent by express mail. If your department would like to pick up the DS-2019, please indicate this. This offers the department an opportunity to include other personalized welcome materials.

Please send the DS-2019 by (check one):

\_\_\_\_ Exchange Visitor is currently at Shepherd University applying for an extension of stay. The Exchange Visitor will be called for an appointment once the materials are reviewed. Note: The extension must be completed prior to the expiration of the current DS-2019.

\_\_\_\_ Department will pick up the documents. Please provide the name and phone number of the person to call: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Send by express mail. A pre-completed express mail envelop must be attached.

**7. Departmental Certification:**

Supervisor for the Exchange Visitor:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Name of Department Phone Number

I certify that the exchange visitor meets all qualifications necessary for participation in the program indicated.

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

Department Head (Print Name) (Signature of Department Head)

**Alternate Responsible Officer**

**Exchange Visitor Program, Shepherd University**

Charles L. Nieman, Ph.D.

Director of International Affairs

208 Scarborough Library

PO Box 5000

Shepherdstown, WV 25443-5000

Phone: +1 304 876-5809

Fax: +1 304 876 0731

Email: [cnieman@shepherd.edu](mailto:cnieman@shepherd.edu)