

REQUEST FOR ARRANGEMENTS FOR
J-1 EXCHANGE VISITOR
APPLICATION PACKET

LSU AG CENTER
HUMAN RESOURCE MANGEMENT OFFICE
103 J.N. EFFERSON HALL
BATON ROUGE, LA 70803

CHECKLIST FOR J-1 EXCHANGE VISITOR APPLICATION

The following documents will need to be completed, signed and attached for processing:

1. J-1 Exchange Visitor Application Packet
2. Dependent Information (if applicable)
3. Signed J-1 Exchange Visitor Insurance Acknowledgement Form **OR**
Certificate of Insurance Form
4. Current valid passport of exchange visitor
5. Current resume/vitae of exchange visitor
6. Copies of Transcripts/Diploma for Highest Degree earned
7. Credential Evaluation for Highest Degree earned (if degree was not from the United States. Many US companies evaluate diplomas, e.g. Global Credential Evaluators <https://www.gceus.com/>).

Please forward all completed documents to the LSU AgCenter HRM Office for processing. Please allow 6-8 weeks for processing of DS-2019.

**REQUEST FOR DS-2019 FORM
CERTIFICATE OF ELIGIBILITY FOR J-1 EXCHANGE VISITOR**

**LSU AGRICULTURAL CENTER HUMAN RESOURCE MANAGEMENT OFFICE
103 EPPERSON HALL
PHONE (225)578-8223
FAX (225)578-8284**

This form is used to request a Certificate of Eligibility for Exchange Visitor Visa (J-1) status, a document issued to foreign faculty researchers for their use in obtaining a J-1 visa to enter the United States to participate in the J-1 program.

The purpose of the J-1 Exchange Visitor Program is to provide foreign nationals with the opportunity to participate in both educational and cultural programs in the United States and to return home to share their experiences and knowledge. Although the J-1 category allows employment, its primary purpose is to promote international exchange between the foreign national and AgCenter researchers. Therefore, the J-1 Exchange Visitor category is not to be used for the sole purpose of employment. Individuals under the J-1 Exchange Visitor program CANNOT accept tenure-track or permanent positions.

Please complete the following information and attach the necessary documents to this application. Once the completed packet has been sent to the AgCenter HRM Office for processing, please allow 6-8 weeks for processing the DS-2019.

DEPARTMENT INFORMATION

1. Host Department _____
2. Department Contact _____
3. Department Phone _____
4. Host Professor/Sponsor _____
Title _____ Phone _____

SCHOLAR INFORMATION

Name _____
Family First Middle

Gender Male _____ Female _____

Date of birth _____
MM/DD/YEAR

Place of Birth _____
City Country

Country of Citizenship _____

Country of Permanent Residence _____

Current Job Title in Home Country _____

Current Employer in Home Country _____

Employer type (check one)

Government: () *Central* () *State/Regional/Provincial* () *City/Town*
() *International Organization*

Academic Community: () *University Level* () *Secondary School*
() *Elementary School* () *Special Schools/Institutes*
i.e. Correctional, Handicapped, etc)

Private Sector: () *Private Business* () *Agriculture* () *Religion*
() *Self-Employed Professionals*
() *Independent Institutes, Non-Profit Corp., Hospitals*

Other: _____

Date(s) of Prior Visit(s) to U.S. and type visa (attach paperwork & visa page)

Visitor's Highest Degree _____

Discipline _____

Proposed Dates of Stay From: _____ To: _____
MM/DD/YR MM/DD/YR

Exchange Visitor Category:

_____ Short term Scholar (6 months or less, no extension)

_____ Research Scholar (Greater than 6 months, extended for 1
year at a time, up to total of 5 years)

Do you anticipate the possibility of needing any additional period of stay for visitor?
() Yes () No If yes, please explain fully.

Does the visitor plan to enroll in coursework during or immediately following period of
stay? () Yes () No If yes, please explain fully.

Program Information

The purpose of J-1 exchange program is to provide foreign nationals with opportunities to participate in educational and cultural programs in U.S. Please provide a detailed description of purpose of visitor's visit to the AgCenter along with specifics regarding research that visitor will participate in while on program.

FUNDING INFORMATION

List all sources of support for visitor during program. Please provide documentation (in English) of any Non-LSU AgCenter funding (ie. letters of support from home country, scholarship, fellowship, personal funding, etc). **AgCenter support from state-funded accounts (PG-000XXX) must be approved prior to submitting this request**

() AgCenter funding Account # and amount per month

() Visitor's Government/University (requires written proof of support in English)
(documentation from source specifying dates and amounts)
State total amount to be received during period of stay

() Visitor's personal funds (requires written proof of funds in English)
State total amount available for stay

() Sponsoring Agency Other _____
Amount _____

() Any additional funding _____

Note: All nonresident visitors are subject to IRS regulations and may be subject to 30% withholding on U.S. source funds.

Sponsoring Host signature _____

Department/Unit Head approval _____

Date _____

DEPENDENT INFORMATION (if applicable)

1. Name _____
Family name First Middle

Male () Female () Date of birth: _____
MM/DD/YR

Place of Birth: City _____ Country _____

Citizenship: _____

Relationship to Visitor: _____
(Attach copy of current passport)

2. Name _____
Family name First Middle

Male () Female () Date of birth: _____
MM/DD/YR

Place of Birth: City _____ Country _____

Citizenship: _____

Relationship to Visitor: _____
(Attach copy of current passport)

3. Name _____
Family name First Middle

Male () Female () Date of birth: _____
MM/DD/YR

Place of Birth: City _____ Country _____

Citizenship: _____

Relationship to Visitor: _____
(Attach copy of current passport)

Exchange Visitor's Mailing Address in Home Country:

E-mail: _____

Phone: _____

APPROVAL FOR EMPLOYMENT/VISIT OF EXCHANGE VISITOR (J-1 STATUS)

Instructions: *Complete this form, obtain necessary signatures and return.*

Name of Prospective Exchange Visitor: _____

Title of Position: _____ Department: _____

We certify that:

We agree to accept responsibility for this participant for the entire period of stay as requested on the form DS-2019. We hereby certify that there is sufficient funding to support this individual for the entire period stated on the J-1 visa application request form.

Should problems occur with the exchange visitor regarding employment, research, etc. we agree to follow the appropriate AgCenter and SEVIS procedures in remedying said problems, even if financial support is not provided to the exchange visitor by the AgCenter.

We certify that the prospective exchange visitor has English proficiency at a level that will enable functioning in the United States as an exchange visitor. Please provide method of verification:

Signed documentation from an Academic Institution/English Language School

Documented interview conducted by the sponsor either in-person or by videoconferencing, or by telephone if videoconferencing is not a viable option

Other:

We agree to notify the AgCenter HRM Office immediately of any changes in the status of the exchange visitor (ie increase or decrease in funding, significant change in duties) etc.,

We agree to notify the AgCenter HRM Office immediately if the exchange visitor ceases to continue in his/her program (or returns to home country) prior to the end date of the program so the separation/end of program can be processed in timely manner,

We agree to notify the AgCenter HRM Office at least 45 days in advance of program completion date to request an extension of exchange visitor's stay.

Faculty/Staff Sponsor: _____ Date: _____

Telephone: _____ Approval: _____

Unit Head: _____ Date: _____ Unit _____

Contact: _____ Telephone: _____