



Center for International Education  
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## J-1 Exchange Visitor Department Application

Departments interested in inviting a J-1 exchange visitor to UIU must complete this form and obtain signatory approval from the department chair and dean.

### Part 1: Department Contact Information

Department: \_\_\_\_\_

Administrative Contact Person: \_\_\_\_\_

Tel: \_\_\_\_\_ Email: \_\_\_\_\_

Faculty Sponsor Contact (for faculty/researchers): \_\_\_\_\_

Tel: \_\_\_\_\_ Email: \_\_\_\_\_

### Part 2: Visiting Faculty/Staff Information

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Last/Family Name (J-1 Exchange Visitor Applicant)	Given Name	Middle Name
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Length of Stay: From: \_\_\_\_\_ to \_\_\_\_\_  
(MM/DD/YYYY) (MM/DD/YYYY)

Proposed Exchange Visitor Category:

- Professor (minimum of three weeks/maximum of five years)
- Research Scholar (minimum of three weeks/maximum of five years)
- Short-Term Scholar (maximum of six months)

Specific Field of Study, Research or Professional Activity: \_\_\_\_\_

Description of Proposed Academic Activity

**Part 3: Financial Support Information**

Visiting faculty/staff are required to show proof of financial support for the duration of the J-1 program participation. Estimated Living Expenses (per semester) are as follows:

Scholar	\$1,800
Dependent	\$4,600

Please attach an official copy of the department appointment/award letter (the award letter should specify the length of the sponsorship and the amount of money provided by the department and whether or not insurance will be paid for) and indicate the estimated financial support in US dollars.

The visiting faculty/staff may use private funds or self-sponsorship for the remainder of expenses not covered by the appointment/award.

**Part 4: UIU Department Signatures**

To be completed by the exchange visitor’s supervisor at UIU:

- I will notify the Center for International Education if the visiting faculty/staff completes his/her program participation before the scheduled end date of the program as stated on the DS-2019.
- I understand that the visiting faculty/staff must consult with the Center for International Education prior to agreeing to any changes to the original agreement (e.g. changes in research activity, funding, etc.)

\_\_\_\_\_  
UIU Department Chair’s or Director’s Signature      Print Name      Date (MM/DD/YYYY)

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_  
UIU Dean’s or VP’s Signature      Print Name      Date (MM/DD/YYYY)

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_