

The J-1 Visa | Exchange Visitor Program | Overview

The Exchange Visitor Program (EVP) is administered by the U.S. Department of State (DOS) to promote educational, cultural and professional exchanges between Americans and their international counterparts. The City University of New York is an Exchange Visitor Program Sponsor, authorized by DOS to certify international exchange visitors; student, scholar, academic and administrative department participation in the Program.

The International Students And Scholars Office (ISSO), J-1 Responsible Officer (RO) and Alternate Responsible Officer (ARO) provide J-1 visa/status advice and required forms for exchange visitors to obtain the J-1 visa and non-immigrant status for the purpose of studying, teaching, conducting research or engaging in educational and cultural enrichment programs at the College.

To qualify for the Queens College Exchange Visitor Program, applicants must:

1. Be in one of the following J-1 categories –

EXCHANGE VISITOR CATEGORIES:

- Professor and Research Scholar - affiliated with foreign teaching and research institutions
 - Short-Term Scholar – Professor, research scholar or other educators, who lecture, observe, consult, train or use a specific area of expertise during a short period at the University
2. Be invited by a faculty or administrative department, or be participating in an exchange program between Queens College and the foreign institution in which they are enrolled, working or affiliated with
 3. Receive a significant amount of funding from foreign government, university/college, or organization
 4. Submit the DS-2019 application form to the International Student and Scholar Office for approval
 5. Obtain the DS-2019, J-1 visa and J-1 status
 6. Maintain mandatory health insurance for Exchange Visitors as stated in [22 CFR 62.14](#) throughout the duration of stay in U.S.
 7. Submit \$50 Application Fee payable to Queens College DSF

The success of your Exchange Visitor Program at Queens College is important to us. Please maintain communications with your department host, and the QC J-1 Responsible Officer (RO), iss@qc.cuny.edu if you have questions.

J-1 Exchange Visitor - DS-2019 Request Form

[Reset Form](#)

Visitor is not eligible for J STATUS under the following circumstances:

1. If he/she had completed a previous J program (e.g. Specialist or Student) which lasted more than 6 months and now requesting a J status as a RESEARCH SCHOLAR or PROFESSOR to start a NEW PROGRAM, there must be a 12-month gap between the end date of the previous J1/J2 program and starting date of the new J program.
2. If he/she had completed a previous J program in the U.S as A PROFESSOR or RESEARCH SCHOLAR, he/she is subject to 24- MONTH BAR (gap) TO START A NEW J PROGRAM as A PROFESSOR or RESEARCH SCHOLAR.
3. If he/she had applied for an "H" class VISA or U.S. PERMANENT RESIDENT STATUS (green card).
4. If he/she had applied for a Waiver of the Two-Year Home Residence Rule and RECEIVED APPROVAL notification from the State Department or the U.S. Citizenship and Immigration Service (USCIS).
5. If the position is TENURE TRACK.

Have you been in J visa/immigration status for more than 6 of the last 12 months?

- ☐ Yes (If "yes," copies of previous DS-2019s are required)
- ☐ No

1. Purpose of DS-2019

- ☐ Begin New Program or change visa to J-1
- ☐ Transfer of J-1 visa to Queens College from another U.S. Institution (attach copy of last DS-2019)
- ☐ Extend Current Program

2. Exchange Visitor Primary Activity

- ☐ **Professor:** Teach, lecture, observe or consult at the college. Research permitted.
12/24-month bar rules apply. 3-week minimum stay and a 5-year maximum stay.
- ☐ **Research Scholar:** Research, observe or consult in connection with a research project. Teaching and lecturing are also allowed.
12/24-month bar rules apply. 3-week minimum stay and a 5-year maximum stay.
- ☐ **Short-term Scholar:** Research or teach for a period of one day to 6 months. No extensions permitted beyond six months.

Provide brief description of the duties expected to perform and events/activities will be involved with:

Location(s) of duties and activities:

Contact person on location:

Phone number:

Email:

The Exchange Visitor will:

- ☐ Not be accompanied by dependents during his/her stay
- ☐ Be accompanied by _____ dependents upon arrival
- ☐ Come alone and later be joined by _____ dependents

Period of Visit/Appointment Date: (month/day/year) From:

To:

Position in Home Country:

3. Exchange Visitor (EV) Biographical Information

| | | | |
|-------------------------------|---|---------------------------------|--|
| Last Name: | <input type="text"/> | First Name: | <input type="text"/> |
| Gender: | <input type="checkbox"/> Male <input type="checkbox"/> Female | Date of Birth: | <input type="text"/> (month/day/year) |
| | | Married: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| City of Birth: | <input type="text"/> | Country of Birth: | <input type="text"/> |
| Country (ies) of Citizenship: | <input type="text"/> | Country of Permanent Residence: | <input type="text"/> |
| Email: | <input type="text"/> | Primary Phone Number: | <input type="text"/> |

Permanent Address outside U.S.

| | | | | | |
|-----------------|----------------------|--------------|----------------------|----------|----------------------|
| Street Address: | <input type="text"/> | Room #: | <input type="text"/> | City: | <input type="text"/> |
| State/Province: | <input type="text"/> | Postal Code: | <input type="text"/> | Country: | <input type="text"/> |

U.S. Address

| | | | | | |
|-----------------|----------------------|--------------|----------------------|----------|----------------------|
| Street Address: | <input type="text"/> | APT/Room #: | <input type="text"/> | City: | <input type="text"/> |
| State/Province: | <input type="text"/> | Postal Code: | <input type="text"/> | Country: | <input type="text"/> |

Attach a copy of your passport number; include passport cover and all pages that indicate name, date and country of birth, photo, control number, expiration date, and U.S. visa stamp(s)

4. Dependent(s) Information

List accompanying dependents who do not hold U.S. passports; copy of dependent passport required.

| | | |
|--|------------------------------|------------------------------|
| Last, First Name (as appears on passport): | Relationship (Spouse/Child): | Date of Birth (MM,DD,YYYY): |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| City of Birth: | Country of Birth: | Country(ies) of Citizenship: |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Country of Permanent Residence: | | |
| <input type="text"/> | | |
| Email: | Phone Number: | |
| <input type="text"/> | <input type="text"/> | |

| | | |
|--|------------------------------|------------------------------|
| Last, First Name (as appears on passport): | Relationship (Spouse/Child): | Date of Birth (MM,DD,YYYY): |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| City of Birth: | Country of Birth: | Country(ies) of Citizenship: |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Country of Permanent Residence: | | |
| <input type="text"/> | | |
| Email: | Phone Number: | |
| <input type="text"/> | <input type="text"/> | |

| | | | |
|--|----------------------|------------------------------|---------------------------------|
| Last, First Name (as appears on passport): | | Relationship (Spouse/Child): | Date of Birth (MM,DD,YYYY): |
| <input type="text"/> | | <input type="text"/> | <input type="text"/> |
| City of Birth: | Country of Birth: | Country(ies) of Citizenship: | Country of Permanent Residence: |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Email: | | Phone Number: | |
| <input type="text"/> | | <input type="text"/> | |

5. Sponsoring Department

| | | | |
|-------------------------------|----------------------|-------------|----------------------|
| Exchange visitor's host name: | <input type="text"/> | Position: | <input type="text"/> |
| Department or office: | <input type="text"/> | Division: | <input type="text"/> |
| Email: | <input type="text"/> | Work Phone: | <input type="text"/> |
| | | Cellphone: | <input type="text"/> |

Host's signature:

Attach visitor invitation letter. Email: iss@gc.cuny.edu for more details on hosting an exchange visitor.

DEPARTMENT CHAIR

| | |
|------------|----------------------|
| Name: | <input type="text"/> |
| Signature: | <input type="text"/> |
| Date: | <input type="text"/> |

6. FINANCIAL SUPPORT

J-1 Exchange Visitors may receive financial support from their home government, educational institution; Queens College and affiliates; outside organizations and personal funding.

Tuition:

- Non-degree and degree undergraduate and graduate students pay in accordance with terms of exchange agreement

Living Expenses for J-1 Exchange Visitors & J-2 Dependents

- J-1 exchange visitor \$37,200/year; \$ 3,100 per month (research scholar, professor, short-term scholar & student)
- J-2 spouse \$13,200/year ; \$1100/ month
- J-2 child (under 21) \$9,600/year per child; \$800/ month per child

| Funding Source - Amount provided throughout period of stay. Specify in US dollars | Monthly Amount | Total Amount: |
|---|----------------|---------------|
| University/College/Department/Affiliates budget, grant, etc. (attach financial documentation) | | |
| Exchange Visitor's Government (attach financial document) Name of the agency: _____ | | |
| Other organizations/institutions in the U.S. or abroad (attach financial document) Name(s): _____ | | |
| Personal funds (attach copy of bank statement in English) | | |
| Family/Friend Sponsored Support Attach document showing address, phone # and email; bank statement, and proof of income, e.g. tax return, paycheck stub, or employer letter on company letterhead, including title, salary & number years worked <i>*If living with a family/friend sponsor, proof of his/her income and address only [e.g. NY driver's license/state identification]; a bank statement is not required in this case.)</i> Name: _____ Relationship: _____ Address: _____ Phone: _____ Email: _____ <div style="text-align: right;"> Amount For: Housing Only \$ _____ Amount For: All Living Expenses \$ _____ </div> | | |

7. J-1 EXCHANGE VISITOR HEALTH INSURANCE REQUIREMENTS

U.S. DEPT. of STATE REGULATION:

As an Exchange Visitor in the United States, J-1 and J-2 (dependents) are required to carry health insurance for the full duration of the student's J program. Government regulations stipulate that if J-1 and J-2 exchange visitors willfully fail to carry health insurance, the J-1 sponsor must terminate their program, and report the termination to the United States Department of State (DOS) in Washington.

REQUIRED J-1 INSURANCE SPECIFICATIONS:

The J-1 and J-2 status holders are required to carry the following type and amounts of coverage:

Minimum coverage must provide:

- (1) Medical benefits of at least \$100,000 per accident or illness;
- (2) Repatriation of remains in the amount of \$25,000;
- (3) Expenses associated with the medical evacuation of exchange visitors to his or her home country in the amount of \$50,000; and
- (4) Deductibles not to exceed \$500 per accident or illness.

J-1 students who willfully fail to maintain J-1 health insurance, misrepresent their insurance coverage or fail to maintain coverage for their dependents are considered in violation of status. Consequently, the college is required to terminate the student's J-1 Program in SEVIS [22 CFR 62.14(h)(i)] and 62.78]. Students who lose their status due to non-compliance with health insurance requirements cannot reinstatement their J-1 status [62.45(f) (1)]. Once a status has been terminated, J-1 privileges are no longer available and the student and dependents must leave the U.S. To prevent a violation of status due to health insurance as well as in other areas, J-1 students should maintain on-going contact and conduct regular discussions regarding their responsibilities with their college's J-1 Responsible Officer.

Health Insurance Companies include, but not limited to:

- [Compass Benefits Group](#)
- [HTH Worldwide Insurance Services](#)
- [International Student Insurance](#)
- [International Student Protection](#)
- [ISO – Student Health Insurance](#)
- [The Harbour Group, LLC](#)
- [Gateway Plans](#)
- [Study USA-Health Care](#)
- [The Basic Emergency Travel Assistance](#)

Disclaimer: The City University of New York (CUNY) and Queens College do not endorse any particular health insurance provider for international students.

Return the completed form and requested attachments to: Attention, J-1 RO at iss@qc.cuny.edu

8. EXCHANGE VISITORS STATEMENT OF HEALTH INSURANCE COMPLIANCE

I _____, have reviewed the J-1/J-2 health insurance requirements above and
(Exchange Visitor's Name)

agree that I am in compliance with the insurance regulations as specified in section 514.14 of the Exchange Visitor regulations, and I understand that it is my responsibility to maintain my status and continue my medical insurance coverage for myself and my J-2 dependents throughout my J-1 program.

I have listed the name(s) of the J-1/J-2 insurance plans in which I and my dependents are enrolled and also attached copies of the membership application(s) of all insurance plans in which I and my dependents are enrolled.

Name of medical insurance plan(s):

- | | | |
|----|----------------------|-----------|
| 1. | <input type="text"/> | Self |
| 2. | <input type="text"/> | Dependent |
| 3. | <input type="text"/> | Dependent |

Please return this form and required attachments to your J-1 Responsible or Alternate Responsible Officer.

(Signature)

(Date)

9. Exchange Visitor (J-1) Assessment of English Language Proficiency

Exchange Visitor: _____

Attestation:

I am the faculty supervisor for the Exchange Visitor (EV) listed above and understand that an assessment of the EV's English language proficiency is required by law (Federal Regulation 22 C.F.R. § 62.10 (a)(2)). I confirm that I have interviewed, collaborated with or had detailed interactions with the EV (by telephone, in person, or via tele-conferencing) and established that the individual has sufficient proficiency in the English language to:

- Function in the U.S. on a day-to-day basis
- Successfully participate in the Queens College appointment
- Understand fully all responsibilities, rights, and protections

Queens College Faculty Member Name: _____

Faculty Signature: _____

10. Sponsoring Academic Department Responsibilities

- Mail immigration document (DS-2019) and instructions provided by International Students and Scholars to the EV.
- Monitor the arrival dates and inform our office (ISSO) of any possible delays or cancellations.

Upon Arrival:

- Refer EV to International Students and Scholars for mandatory orientation and SEVIS validation.
- Assist in finding housing as well as access to education for any dependents.
- Inform the EV that they are required to have health insurance for themselves and their J-2 dependents that meet the U.S. State Department J-1 regulations.
- Remind EV to report change of address within 10 days of moving.
- Refer EV to ISSO when they depart the United States for travel.
- Request an extension of stay at least 2 months in advance of the expiration date on the DS-2019.
- [Follow latest CUNY Policy, on campus access and vaccination requirements](#)

Return the completed form and requested attachments to: Attention, J-1 RO at iss@qc.cuny.edu