

UND UNIVERSITY OF NORTH DAKOTA

INTERNATIONAL CENTER

Exchange Visitor Worksheet

The Office of International Programs (OIP) requires the following information in order to prepare a Student and Exchange Visitor Information System (SEVIS) Form DS-2019. The DS-2019 is required to obtain a J-1 Exchange Visitor visa from a United States Embassy/Consulate abroad. All fields must be completed in order for the OIP to process the Form DS-2019. Please feel free to contact the Office of International Programs at (701) 777-4231 if you have any questions or need further information. **All answers must be full and accurate to meet legal requirements.**

Please Note: Some of these questions might not apply to you. Please mark them "N/A" or contact me directly with any questions

Directions:

*The Worksheet will require the **Exchange Visitor** to fill in Sections 1-3.

*The Worksheet will require the **Hiring Official** to fill in Sections 4-5.

*Please remember to provide a copy of the **Passport Data Page** for the Exchange Visitor and any Dependents.

*Once the Worksheet is completed and signed, please scan and email the Worksheet back to the Addam Hanson at adam.joseph.hanson@und.edu and the Export Control Officer Michael Sadler at michael.p.sadler@und.edu.

Section One

Exchange Visitor's Personal Information (As on Individual's Passport)

Last Name/ Family Name / Surname:
First (Given) Name:
Middle Name:
Date of Birth (Month/Day/Year):
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
City of Birth:
Country of Birth:
Country of Citizenship:
Country of Legal Permanent Residency:
Present Employment Position (Job Title/Type of Work):
Present Institution (Employer) in Home Country:
U.S. Social Security Number (if applicable):

Current Home Country Address:

Street:
City:
Country:
Province:
Postal Code:
Phone Number:
E-mail Address:

❖ Additional questions the Exchange Visitor (EV) will need to answer

- Has the prospective EV ever been in the US on a J-1 or another nonimmigrant visa status? YES ____ NO ____
 - If YES, please list the visa types and dates of status:
 - _____

Section Two

Will the Exchange Visitor be bringing dependents (spouse/children) with him/her? YES ____ NO ____

*If YES, please fill in Section Two

*If NO, skip to Section Three

Dependent Information:

Dependent 1:

Last Name/ Family Name / Surname:
First (Given) Name:
Middle Name:
Date of Birth (Month/Day/Year):
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship to Exchange Visitor (Spouse/Son/Daughter): <input type="checkbox"/> Spouse <input type="checkbox"/> Child
City of Birth:
Country of Birth:
Country of Citizenship:
Country of Legal Permanent Residency:

Dependent 2:

Last Name/ Family Name / Surname:
First (Given) Name:
Middle Name:
Date of Birth (Month/Day/Year):
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship to Exchange Visitor (Spouse/Son/Daughter): <input type="checkbox"/> Spouse <input type="checkbox"/> Child
City of Birth:
Country of Birth:
Country of Citizenship:
Country of Legal Permanent Residency:

Dependent 3:

Last Name/ Family Name / Surname:
First (Given) Name:
Middle Name:
Date of Birth (Month/Day/Year):
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship to Exchange Visitor (Spouse/Son/Daughter): <input type="checkbox"/> Spouse <input type="checkbox"/> Child
City of Birth:
Country of Birth:
Country of Citizenship:
Country of Legal Permanent Residency:

Dependent 4:

Last Name/ Family Name / Surname:
First (Given) Name:
Middle Name:
Date of Birth (Month/Day/Year):
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship to Exchange Visitor (Spouse/Son/Daughter): <input type="checkbox"/> Spouse <input type="checkbox"/> Child
City of Birth:
Country of Birth:
Country of Citizenship:
Country of Legal Permanent Residency:

Section Three

Additional questions the Exchange Visitor will need to answer

1. Exchange Visitor's Highest Level of Education:
 - Bachelor's degree
 - Master's degree
 - Professional degree
 - Doctoral degree

2. Major/Primary Field of Study: _____

3. Basis for J-1 Classification (Check one):
 - New J-1 Exchange Visitor
 - Continuation of previously approved J-1 (Extension)
 - Change of J-1 employer (J-1 Transfer)

4. Requested action (Check one):
 - Obtain J-1 for Individual (and Family) that is/are **already present** in the United States
 - Obtain J-1 for Individual (and Family) that is/are outside the United States
 - Extend the Stay of the Individual (and Family) since they are already an J-1 (and J-2) at UND

True Copies Statement For Exchange Visitor

By signing below, **You** (the J-1 Exchange Visitor), are stating:

"To the best of my knowledge, the above information is correct, and all documents that are submitted to the University of North Dakota are exact photocopies of unaltered original documents, and I understand that I may be required to submit original documents to an immigration or consular official at a later date."

Signature of Exchange Visitor

Name of Exchange Visitor

Date

Section Four

Questions the **Departmental Sponsor** will need to answer for the authorization of a J-1 Exchange Visitor

Department Information:

Name and Title of Sponsor: _____
Department: _____ Phone Number of Sponsor: _____
Office Address: _____ City, State, Zip: _____

Exchange Visitor Status at UND (Check one & identify the sponsoring academic department at UND):

- Professor **(Stay of more than 3 Weeks up to 5 Years)**
 - Academic Department at UND: _____
- Research Scholar **(Stay of more than 3 Weeks up to 5 Years)**
 - Academic Department at UND: _____
- Short-Term Scholar (Teach/Research) **(Stay of up to 6 Months)**
 - Academic Department at UND: _____

Expected Length of Stay at UND:

J-1 Exchange Visitor's Program Start Date (Month/Day/Year): _____

NOTE 1: The Exchange Visitor may arrive in the U.S. up to 30 days prior to designated Program Start Date on the SEVIS Form DS-2019.

NOTE 2: The Exchange Visitor has 30 days from the Program Start Date designated on the SEVIS Form DS-2019 to arrive at UND and in-process at the UND Office of International Programs. **If the individual fails to arrive and in-process within this time period the U.S. Department of State automatically cancels the Exchange Visitor's Program.**

J-1 Exchange Visitor's Program End Date (Month/Day/Year): _____

NOTE: The Exchange Visitor may stay in the United States for 30 days beyond the designated Program End Date listed on the SEVIS Form DS-2019.

Purpose of the J-1 Exchange Visitor's Stay at UND:

Describe the purpose of the Exchange Visitor's Stay – Research or duties the Exchange Visitor will be performing (**be specific**):

Financial Support Information:

IMPORTANT NOTE: The J-1 Exchange Visitor must meet the minimum funding level for all J-1 Exchange Visitors and their J-2 Family Members in accordance with Federal Regulations. Current J-1 Exchange Visitors must prove the **Minimum Financial Requirement** of \$1500 per month, plus \$500 per dependent per month (If applicable).

Amount of Financial Support from UND :	\$
Amount of Financial Support from U.S. Government :	\$
Name of Government Agency: _____	
Amount of Financial Support from International Organization :	\$
Name of International Organization: _____	
Amount of Financial Support from Exchange Visitor's Government :	\$
Amount of Financial Support from Bi-national Commission of Visitor's Country :	\$
Amount of Financial Support from Other Organizations :	\$
Name of Organization: _____	
Amount of Personal Funds :	\$

Health Insurance:

IMPORTANT NOTE: Health Insurance is **Mandatory** for all J-1 Exchange Visitors and their J-2 Family Members in accordance with Federal Regulations. **Failure to maintain the required Health Insurance will result in the termination of the Exchange Visitor's Program. (Check 1 of the 4 Options):**

<input type="checkbox"/> Option 1: International Student & Scholar Health Insurance will be <i>purchased by the J-1 Exchange Visitor</i> from United Healthcare. This insurance meets U.S. Department of State minimum requirements. <u>Current</u> United Healthcare (16 August 2015 - 15 August 2016): J-1 Exchange Visitor: \$2,364 Annually (\$197/month); J-2 Spouse: \$2,364 Annually (\$197/month); J-2 Child: each child \$2,364 Annually (\$197/month)
<input type="checkbox"/> Option 2: International Student & Scholar Health Insurance will be <i>purchased by the Sponsoring UND Department</i> for the J-1 Exchange Visitor and Family Members from United Healthcare. This insurance meets U.S. Department of State minimum requirements. (See dates and rates above.)
<input type="checkbox"/> Option 3: Exchange Visitor will obtain Health Insurance (from some source other than United Healthcare) that meets U.S. Department of State minimum requirements. The Exchange Visitor <i>must have Proof of Insurance (in English) to cover the entire stay of the individual and family members in the United States.</i> <u>Minimum Coverage:</u> Insurance shall cover (1) medical benefits of at least \$100,000 per person per accident or illness; (2) repatriation of remains in the amount of \$50,000; and (3) expenses associated with medical evacuation in the amount of \$25,000. <u>Additional Terms:</u> A policy secured to fulfill the insurance requirements shall not have a deductible that exceeds \$500 per accident or illness.
<input type="checkbox"/> Option 4: <i>Health Insurance is part of the J-1 Exchange Visitor's employee benefit package.</i> This benefit will need to be verified through UND Payroll. IMPORTANT NOTE: The NDUS insurance does <i>not</i> include Medical Evacuation and Repatriation . The J-1 Exchange Visitor is <u>required by Federal Regulations</u> to purchase an Insurance Rider to cover Medical Evacuation and Repatriation. This Insurance Rider is available from International SOS Inc. or United Healthcare.

Section Five

Questions the **Departmental Sponsor (Faculty/Chair/Dean)** will need to answer for the authorization of a J-1 Exchange Visitor, as these questions will address: **"Certification Regarding the Release of Controlled Technology or Technical Data to Foreign Persons in the United States"**

1. Information at UND where the individual will work:

Department: _____ Office Address: _____
City and State: _____ Postcode: _____
Phone: _____ Email: _____

2. Information at UND of Sponsor(Faculty/Chair/Dean):

Department: _____ Office Address: _____
City and State: _____ Postcode: _____
Phone: _____ Email: _____

3. Is this a full-time position?

- YES _____ NO _____
- If NO, Hours per week: _____

4. Describe the type of work/research being performed by the prospective Exchange Visitor:

- Administrative
- Research
If Research, Basic Applied
- Product Development
- Testing
- Clinical Medicine/Patient Care
- Teaching
- Other _____

5. Describe the prospective Exchange Visitor's duties including project identification numbers, if applicable:
(attach additional pages if necessary)

6. Please list any scientific equipment/instruments, including specialized computing equipment, that the Exchange Visitor will be using in the performance of his/her job duties.

- Include the following information for each item: equipment name, manufacturer, serial number, the Export Control Classification Number (ECCN) and where the equipment is located.
(attach additional pages if necessary)

7. If the Exchange Visitor is involved in research, what are the source(s) of funds supporting the research?

- UND
- Federal or State Government
- External Sponsor/Industry/Corporation
- Other (describe) _____

8. Will the Exchange Visitor have access to controlled technical data, technology, materials, information, software, or equipment controlled under the [International Traffic in Arms Regulations](#) (ITAR)? YES ___ NO ___
If YES, please identify by name and category: _____
9. Will the Exchange Visitor have access to controlled technology or encryption software source code or be otherwise involved in the design, development, or production of encryption software controlled under the [Export Administration Regulations](#) (EAR)? YES ___ NO ___
If yes, please provide ECCN(s): _____
10. Will the Exchange Visitor's duties involve projects that:
- a) Impose restrictions on publication, dissemination or the release of project information? YES ___ NO ___
 - If YES, and the Exchange Visitor is providing clinical services involving medical treatment, are the restrictions based on prohibitions related to patient information regulated by the Health Insurance Portability and Accountability Act (HIPPA)? YES ___ NO ___
 - b) Impose access restrictions on foreign nationals, prohibit foreign national involvement or allows the sponsor to approve foreign national involvement? YES ___ NO ___
 - c) Have a military application or end-use? YES ___ NO ___
 - d) Are related to space, satellites, high performance computers, military systems, missile technology, weapons, pathogens, select agents, or biological/chemical weapons or their delivery systems? YES ___ NO ___
 - e) Are sponsored by a defense agency? YES ___ NO ___
 - f) Provide access to any UND-owned technical data or technology that is considered proprietary or confidential to UND? YES ___ NO ___
 - g) Provide access to any third party-owned technical data or technology that is considered proprietary or confidential to the third party owner (This includes U.S. government furnished technical data with dissemination controls or other restrictive markings, as well as ITAR-controlled software)? YES ___ NO ___
 - h) Provide access to technical information marked "export controlled"? YES ___ NO ___
11. Will the Exchange Visitor be involved in a project that has an existing export control technology control plan? YES ___ NO ___
12. Will the Exchange Visitor be working with materials obtained through a Material Transfer Agreement? YES ___ NO ___
 - If YES, please attach the agreement to this form
13. Do you have reason to believe the Exchange Visitor will need an export license or other government authorization in the course of their research, project or employment duties? YES ___ NO ___

UND Department Authorization

Name of Individual who filled in the above information (MANDATORY):

*Your signature below certifies the information you provided above is true and correct and that you have reviewed the Export Control Regulations.

Departmental Sponsor of Responsible Party

Responsible Party Signature

Date

Department (Chair/Dean)

Departmental Signature

Date