

International Student and Scholar Services (ISSS) looks forward to welcoming you to campus for your exchange program.

The purpose of the U.S. Departments of State's Exchange Visitor Program (J-1 status) is to promote mutual understanding between the people of the United States and the people of other countries by educational and cultural exchanges.

If you have questions, please contact <u>j1ev@cmich.edu</u> or by calling the office at 989.774.4308.

Process

- 1. Complete the J-1 Exchange Visitor (EV) Student Intern Request and submit the request and supporting documents to <u>j1ev@cmich.edu</u>.
- 2. An ISSS advisor reviews all the documents after they have all been submitted. If there are questions or concerns the advisor will reach out to you and/or host department.
- 3. The ISSS advisor will issue the DS-2019 and send it via email to you.
- 4. Apply for the J-1 visa at a U.S. embassy or consulate of your choosing.
- 5. Email <u>j1ev@cmich.edu</u> when you have decided on your arrival date.
- 6. Within 30 days of the program start date (on the DS-2019), schedule a J-1 Immigration Check-in at http://tinyurl.com/ISSSappt.

For International Students and Scholars (ISSS) to issue form DS-2019, each exchange visitor must complete the form below for issuance of the DS-2019 and attach supporting documents:

- Passport Copy
- CV
- If you are employed (receiving payment/wages), you will need the approval of your home institution's dean or academic advisor (sample letter is included in this document).

Once completed, please submit the required documents in one PDF to <u>j1ev@cmich.edu</u>. In the subject line, please include the Exchange Visitor's name and "Create DS-2019 Request".



Exchange Visitor Information (Pla passport.)	ease be sure to list	your name e	xactly as it appears in you
Family name	Given name		 Middle name
Email			
CMU Host Department Informat	ion		
Host department name	CM	J host facult	y name
DS-2019 Biographical Informatio	on		
Date of birth (mm/dd/yyyy)	Gender:	Male	Female
City of Birth	 Col	intry of Birth	
Country of Citizenship	Col	intry of Perm	anent Residency
Address outside of the United Stat	tes		
Street Address		Ci	ty
State/Province	Postal/Zip	Code	Country
+()			

Country Code and Phone Number



Previous J-1 Progra Have you been in J-	am Information 1 or J-2 status in the pas	t 5 years?	Yes	No	
lf you select yes, pl	ease submit copies of al	l previous DS-2	019s.		
DS-2019 Program If you are a student	nformation , please indicate your cu	rrent level of st	udy:		
Bachelor	Master	Ph.D.			

Name of home institution

Dependents

If you will be bringing any dependents with you (spouse or child), in addition to extra funding (see financial documents), you will also need to provide a copy of each person's passport. Additionally, you will also need to provide a copy of your marriage certificate and for your children you need to provide a copy of their birth certificate. You will need to provide English translations of the marriage certificate and/or birth certificate if they are not already in English.

Name (as it appears on the passport)	Gender (male/ female)	Date of birth (mm/dd/ yyyy)	City and Country of Birth	Country of Permanent Residence	Country of Citizenship
Spouse:					
Child:					
Child:					
Child:					



Financial Support

To be eligible for the DS-2019, Exchange Visitors (EV) must submit financial documents to show they have sufficient financial support for the duration of their program.

Exchange Visitor Information (Please be sure to list your name exactly as it appears in your passport.)

Given (first) name

Family (Last) name

Middle name

Host department name

CMU host faculty name

Financial support needed:

A minimum of \$20,000 USD of support per year for the Exchange Visitor is required. If the exchange visitor's program is less than one year, the amount will be prorated. If you are bringing any dependents with you (spouse or child) there is an additional proof of funding requirement of \$5,000 USD per dependent, per year.

Financial support worksheet (expenses listed on DS-2019)

Expense	Number	Amount	Total
Living expenses			
Dependents		X \$5,000 =	
		Total expenses on DS-2019:	

Sources of funding supporting documentation

We will accept the following as proof of adequate financial support:

- If you will be sponsored by CMU, please submit your official appointment letter to show salary/stipend amount.
- If you are using personal or sponsor funds, you will be required to submit a personal bank statement or bank letter showing the required amount of funding in an account in English. This must be on bank letter head and/or signed by a bank official. Translations must be completed by a certified translator, not the Exchange Visitor. Funds must be liquid funds such as a checking or savings account. Bank letters/statements cannot be more than 6 months old.
 - We cannot accept the following documents: property certificates, health/life insurance accounts, retirement accounts, value of business, or credit card statements.
 - $\circ~$ If someone other than yourself is sponsoring you, please completed the sponsor affidavit in this request.
- If you are receiving government funding or any other form of scholarship, please send us a copy of the letter that indicates the amount awarded and what will be covered. If the amount is not enough to cover the entirety of your stay, you will need to submit a supplemental bank statement.



Sources of funding worksheet

Source	Amount	Required supporting documentation
Sponsor		Sponsor affidavit (see next page), bank statement/letter
Binational commission		Letter of sponsorship
Home country government		Letter of sponsorship
Personal		Bank statement/letter
U.S. government organization		Letter of sponsorship
International organization		Letter of sponsorship
Other organization		Letter of sponsorship
Total from all sources of funding:		

Note: The total from all sources of funding must exceed or be equal to the financial support worksheet (previous page).



Spons	sor Affidavit of Financial Support	
To be completed by the student	:	
Family (last) name	Given (first) name	CMU ID Number
To be completed by the sponsor	:	
Sponsor name:		
Sponsor's relationship to student	:	
Sponsor's current address:		
Amount in USD of funding to be p	rovided to the student: \$	

Please provide the student intern a recent (no older than 6 months) bank statement or letter as proof (in English) of funding referencing to an account to which you have the authority to use funds. This must be on bank letter head and/or signed by a bank official.

Will these funds be issued from a business, company, or corporate account which you have authority to use?

Yes. Letter on bank letterhead required must indicate the following:

- A list of signatories on the account
- If there are multiple signatories, a statement indicating how each signatory can use account funds. (Example: can they sign alone, or must they sign together)

No.- this is from my personal account

I certify that I have read and understand this document. To the best of my knowledge, the statements made herein are accurate and complete. I agree to provide the funds listed above to meet the required expenses for this student. I further agree that all documentation I provide as proof of available funds are accurate and complete to the best of my knowledge. I understand that the deliberate falsification of any financial documentation provided to the university may result in revocation of the DS-2019.

Sponsor signature

Date (mm/dd/yyyy)



Home Institution Verification Letter

If you are employed (receiving renumeration), you will need the approval of your home institution's dean or academic advisor. Please see the sample letter below.

Please write the letter on university letterhead.

Date
International Student and Scholar Services Central Michigan University
330 Ronan Hall
Mt. Pleasant, MI 48859
To Whom It May Concern:
I am aware that (student name) has been admitted to an internship program at Central Michigan University beginning (date) and ending (date). Below are the details about (student name):
Enrollment status:
Current program:
Current degree level:
Expected degree completion date:
(Student name) is currently in good standing at (university name). (Student name) will fulfill (his/her/their) educational objectives for (his/her/their) current degree program at the home institution by participating in this internship program.
I understand that Central Michigan University will be paying the student during the period of the internship program.
Signature of dean/academic advisor Printed name of dean/academic advisor