

**UNIVERSITY OF ALASKA FAIRBANKS  
VISA REQUEST  
For J-1 Exchange Visitor**

**INSTRUCTIONS: Start this visa process as early as possible.** Check the immigration status below which best meets the needs of the foreign national and the academic department, then forward the completed form to the Office of International Programs. Retain a copy for your records.

J-1 Exchange visitor: Select the Exchange Visitor category requested. See attached program category descriptions.

**Student**    **Professor**    **Research Scholar**    **Short-Term Scholar**

The Exchange Visitor Program promotes the exchange of ideas between the people of the United States and other countries by means of educational and cultural exchange activities. Under this program, the University sponsors foreign nationals as students, temporary members of the faculty for teaching, lecturing, observing, conducting research, or consulting. J-1 exchange visitors may participate in the exchange visitor program for the length of time necessary to complete the program objective, up to three years, and are expected to return to their home countries upon completion of their appointment with the University. A bachelor's degree with extensive experience is the minimum educational requirement. To request an extension of stay for a J-1 exchange visitor, call the Office of International Programs.

**SECTION 1: Applicant Information**

Applicant's Name (Last or Family)	(First)	(Middle)	Gender: M__ F__	
Present Address	(Street)	(City)	(State)	(Country)
Home Country Residence Address	(Street)	(City)(State)		(Country)
Birthdate (MM/DD/YY)	City and Country of Birth	Country of Permanent Residence	Country of Citizenship	U.S. Soc.Sec.# (if applicable)

Description of intended courses or activity at UAF: i.e., teaching, research in the field of \_\_\_\_\_ and/or conference(s) attendance. Specify all major location(s) (city or area in Alaska) at which activity will take place.

List major area of study at home university, academic degree(s) and date(s) received and specific field of study (example: PhD 1980 – Geology)

Applicant's Present Occupation/Title In Home Country	Transferring from other U.S. Institution Sponsorship (J-1 Visa) <input type="checkbox"/> Yes <input type="checkbox"/> No Attach copy of current DS-2019.
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Present Employer's Name and Address:

Has applicant previously been in the United States?  Yes  No  
If yes: when, where and what Visa status?

Spouse: Complete only if family is coming to or is residing in the United States as applicant's J-2 dependent.

Name <small>(Please capitalize family/last name)</small>	Birthdate	City and Country of Birth	Country of Citizenship	Gender:
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Children: Use separate sheet if necessary - **DO NOT USE TOP OF NEXT PAGE.**

Name <small>(Please capitalize family/last name)</small>	Birthdate	City and Country of Birth	Country of Citizenship	Gender:
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**To be completed by sponsoring department:**

The U.S. State Department requires comprehensive health insurance coverage of all Exchange Visitors and their dependents. Health insurance will be paid by:

- Exchange Visitor
- U.S. Government
- Sponsoring Department
- Supporting agency listed below

**SECTION 2: Information about the Applicant's Appointment with the University:**

Requested Dates of J-1: \_\_\_\_\_ to \_\_\_\_\_

University Position Title: \_\_\_\_\_ Department or Division: \_\_\_\_\_

Total UAF Salary/Support for Requested Dates: \$ \_\_\_\_\_  
Source of UAF Salary/Support (Budget No. and Name or Explanation): \_\_\_\_\_

If this request is for the Exchange Visitor non-student Visa (J), the University is not required to provide funding. The Form DS2019 (formerly the IAP-66) must show an estimated amount of financial support (in U.S. \$) that will be provided to the Exchange Visitor for the effective dates of this appointment, and the source of that support must be specified. Sources could include a U.S. government agency, an international organization, the Exchange Visitor's government, the Binational Commission of the Visitor's country, the Visitor's employer or other organizations, personal funds, or any combination of these sources.

Financial support other than UAF:	List agency, organization(s), individual(s) providing support:
\$ _____	_____
\$ _____	_____
\$ _____	_____

Academic departments are charged \$40 by journal voucher for original or extension visa requests. Budget documentation will be sent to the Budget Contact listed below.

Budget Contact Name \_\_\_\_\_ \$40 charge to: (Budget Number, Name)  
(PENDING AUTHORIZATION)

**Contact name** (Person to be contacted for further information. Form DS-2019 will be sent to this person after completion for forwarding to Applicant.)

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Campus Address:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

\_\_\_\_\_ **Email:** \_\_\_\_\_

Approval Signature of Department Chair: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of Department Chair: \_\_\_\_\_

**Certification of U.S. Government Funding:** DS2019 will not be processed without completion of the following certification.

I certify that U.S. government funds (  )**have** (  )**have not** been received to specifically support this exchange visitor. (Dean or Director please mark which is applicable).

**Approval Signature of Dean or Director:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Print Name of Dean or Director: \_\_\_\_\_

Comments: \_\_\_\_\_