

118 College Drive #5151 | Hattiesburg, MS 39406-0001 Phone: 601.266.4841 | Fax: 601.266.4898 | usm.edu/international-services

J-1 International Scholar Program

In order to come to The University of Southern Mississippi as an international scholar, you must be invited, hired, or appointed by a department, office, school, college, or institute of the university for the purposes of study, long-term or short-term research, teaching, or training. There are several different categories within the J-1 Exchange Visitor Program for scholars, including:

- Research Scholars
- Short-term Scholars
- Professors

The J-1 Exchange Visitor Program is a temporary, nonimmigrant program. This visa category should not be used by departments or internationals for permanent employment positions or to seek Permanent Residency.

The purpose of the J-1 Exchange Visitor Program is to "increase mutual understanding between the people of the United States and the people of other countries by means of educational and cultural exchanges." The Department of State issues J-1 visas and oversees regulatory and administrative aspects of the J Visa Exchange Visitor Program.

Eligibility Requirements

- Intent to pursue appropriate activity
- Intent to return to home country
- Sufficient funding for entirety of program
- Appropriate background for program activity
- Adequate English proficiency

Duration of Stay and Employment

J-1 Research Scholar/Professor

- 5-year maximum stay to engage in research and/or teaching
- Cannot be a candidate for or hold a tenured position
- Must have a specific objective
- 12-24 month ban could prevent J-1 Research Scholars/Professors from receiving sponsorship, if they have previously held a J-1 visa; this includes J-2 dependents

J-1 Short-Term Scholar

- 6-month maximum
- Permitted to participate in conferences, workshops, seminars etc. if stated on Form DS-2019
- Must have specific objective
- 12-24 month bar does not apply to Short-Term Scholars

J-1 Specialist

- 12-month maximum
- Must be expert in field of specialized knowledge or skill
- Cannot fill permanent or long-term position of employment
- Objective must be to observe, consult or demonstrate special skills



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Financial Support Required

Host departments must verify the scholar will have sufficient funding for the entire length of their stay. The minimum amount of financial support for a scholar is \$1,000. If the department is funding part, or all, of the scholar's stay this must be detailed in the application. These amounts should include funding for housing, meals, health insurance, etc. as seen below.

Expense	Per Month	Annual Cost
Housing (One – Two Bedroom Apartment)	\$400 - \$900	\$4,800 - \$10,800
Utilities (Electricity, Gas, Water, Sewer, Garbage)	\$115 - \$250	\$1,380 - \$3,000
Phone/Cell Phone	\$45 - \$75	\$540 - \$900
Health Insurance	\$40 – 170	\$480 - \$2,040
Groceries	\$300 - \$500	\$1,200 - \$1,800
Miscellaneous (Public Transit, Clothing, Bedding, Etc.)	\$100 - \$150	\$1,200 - \$1,800
TOTALS	\$1,000 - \$2,045	\$12,000 - \$24,540

SEVIS and Visa Fees

Prospective scholars are required to pay the SEVIS fee and associated visa fees in order to obtain their J-1 visa and enter the United States.

SEVIS Fee

The SEVIS fee is payable by going to www.fmjfee.com. If the scholar needs assistance with paying the I-901 fee, they can contact International Student and Scholar Services for further instructions.

Visa Fees

Visa fees are separate from the SEVIS fee. Fee amounts can vary, please check the Department of State website for additional details and exact fees https://travel.state.gov/content/visas/en/fees/fees-visa-services.html. Scholars should consult the website of the specific embassy or consulate where they will apply for their J-1 visa for additional information.

Medical Insurance

Federal regulations require all J-1 Exchange Visitors to maintain minimum health insurance for themselves and any dependents who may accompany them during their stay in the United States.

- Medical benefits of at least \$100,000 per person per accident/illness
- Repatriation of remains of at least \$25,000
- Expenses associated with Medical Evacuation in the amount of \$50,000
- Deductible of no more than \$500

Medical Insurance (continued)

Willful failure on the part of the scholar to maintain the required insurance will result in the termination of their exchange program. Scholars may purchase insurance meeting these requirements on their own and provide proof to International Student and Scholar Services when they arrive or they can request to be added to the comprehensive insurance plan designed for The University of Southern Mississippi's students and scholars. If International Student and Scholar Services does not receive proof of coverage or a request for the comprehensive insurance plan within five (5) days, the scholar will be enrolled in the comprehensive insurance plan by the Director of International Student and Scholar Services.



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Application Steps

Instructions to the Scholar Applicant

The Scholar Applicant should complete Sections 1-3 of the application and sign the statement at the end of Section 3. The Scholar Applicant should then submit the form and supporting documents to the Sponsoring Department at The University of Southern Mississippi.

Supporting Documents

- Copy of biographical page of applicant's passport
- Financial support documents reflecting a minimum available amount of \$12,000
- Completed Background Check Forms
- Proof of English Proficiency through one of the following:
 - Certification by language test taken in past two (2) years, recognized by The University of Southern
 Mississippi graduate admissions. A copy of the test score must be provided. (e.g. TOEFL 71 or higher,
 IELTS 6 band or higher)
 - Certification by an American academic institution or English language school verifying the Exchange Visitor possesses the English proficiency to function daily within the position and local community, issued on letterhead in English within the past one (1) year, including a signature from a school official. A copy of the letter must be provided.
 - Certification by an interviewer from The University of Southern Mississippi through an interview with the prospective Exchange Visitor's English proficiency in accordance with 22 CFR 62.10(a)(2). If an interview is needed, please contact International Student and Scholar Services for additional information.

Instructions for Department

The Sponsoring Department should complete Section 4 of the application and provide the appropriate signatures from the Faculty Sponsor, Department Chair, and Dean of the appropriate College. Once the department has received all documents from the Intern Applicant, the Sponsoring Department should forward ALL documents to International Student and Scholar Services for processing. Without this information, the Form DS-2019 cannot be properly completed. Any incomplete forms will be returned.

If any additional information is needed, International Student and Scholar Services will contact the Sponsoring Department. Once processing is complete, International Student and Scholar Services will notify the department to either send someone to pick up the immigration documents or that the documents have been shipped (at departmental expense).

International Student and Scholar Services Processing

After receiving all documents from the sponsoring department, International Student and Scholar Services will process the DS-2019 Forms for the Scholar and all J-2 dependents in SEVIS.

Along with the DS-2019 Forms, International Student and Scholar Services will prepare a packet for the J-1 Scholar, which will include the departmental appointment/offer letter, an invitation letter from International Student and Scholar Services, in addition to more information about the J-1 Exchange Visitor Program.

Processing Time

Please allow for 7-10 business days for International Student and Scholar Services to process and prepare all supporting documents.



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SECTIONS 1, 2, & 3 TO BE COMPLETED BY INTERNATIONAL APPLICANT AND SUBMITTED TO HOST DEPARTMENT WITH REQUIRED DOCUMENTATION. BE SURE TO TYPE OR PRINT CLEARLY.

SECTION 1:	J-1 VISITING SCHOLAR/PR	OFESSOR'S DEMOGRAP	HIC INFORMATION
NAME AND RESIDENCE	E INFORMATION:		
Full Name (as in passport):			
	Family/ Last Name (Surname)	Given Name (First)	Middle Name (if any)
Date of Birth (month/ day/ year	ır):	Gender:	☐Male ☐Female
	(month/day/year - i.e. M	arch 27, 1975)	
Place of Birth (required):	:::		:
Citizenship & Residence (requ	ired): Country of C	itizenship	Country of Permanent Residence
	B POSITION/ EMPLOYMEN		
		•	,
	Graduate student (doctoral or maste	er s) <u>or</u> Undergraduate stude	ent (bachelor s)
Professor	TC		or or
	If government: Central; Stat	· — • · — · —	· — —
	Position as government employee:		
•	ase describe):		
Place of Employment/Study in	Home Country (Company or Instit	ution):	
CONTACT INFORMATI	ION:		
Address in Home Country: _			
Phone Number:	E-Mail	Address:	
VISA HISTORY:			
If currently in the U.S. what is	your Immigration Status:	Expiration Date (Month	/Day/Year):
· 			
	last 36 months, please indicate your Scholar, Short-term Scholar,		
Start date of J-1 Status (Month	/ Day/ Year):	through (Month/ Day/ Year): _	
Program Sponsor (name/progr	am number found on line 2 of DS-2	019):	
If in J-Visa Status, have you ap	pplied for a waiver of 212(e), the Tv	vo-Year Home Residency Requir	ement? YES or NO
If you have applied for waiver	of the 212(e), has it been approved	? ☐ YES or ☐ NO (If yes, ple	ase include proof of waiver)
POSITION INFORMATI	ON (Please provide information	on about your intended posit	ion with USM)
		-	
<u>i</u> -		<u> </u>	

SCHOLAR NAME: _____

SE	CTION 2: DEPENDENT FAMILY INFORMATION	(FOR SPOUSE AND CH	
	E DOCUMENTS FOR YOUR SPOUSE OR DEPENDENT CH		· · · · · · · · · · · · · · · · · · ·
FAMILY FINANO	CIAL SUPPORT: To bring a spouse or any children, a J-1 Stude nonth). Financial Support of \$6,000 per year (\$500/ month) mu	ent Intern must show financial	support above the minimum of \$12,000
children over	OTES: cuments can be issued only to a dependent spouse and to unmarr 21 years old cannot be issued a J-2 DS-2019 and cannot hold J State requires J-1 and J-2 DS-2019's to be issued at the same time	-2 status.	
	Full Name of Spouse:		NOTE NO.
Spouse's	Family/Last Name (Surname)	Given Name (First)	•
Information	City of Birth:		
	Country of Citizenship:	Country of Permanent Resid	lence:
	Date of Birth: (MM/DD/YYYY):	Spouse's Gende	r: Male Female
CLUI.	Full Name of Child (required): Family/Last Name (Surname)	Given Name (First)	Middle Name (if any)
Child's Information	City of Birth:	_ Country of Birth:	
	Country of Citizenship:	_ Country of Permanent Resi	dence:
	Date of Birth: (MM/DD/YYYY):	Child's Gender:	☐ Male ☐ Female
For additional ch	nildren, please copy this section and submit as a separate p	page with the above request	ed information.
	SECTION 3: FINANCIAI	LINFORMATION	
\$500 per month additional fundin If funds are from	externally funded, the minimum funding requirement for (\$6,000 per year) for each accompanying dependent. Fur ag from The University of Southern Mississippi should be an an organization, grant, or government support, please attolease attach a bank statement not more than 6 months old	nding must be arranged prior expected after arrival. ach a signed copy of any le	tters of award or sponsorship. If on ccompany this form.
SOURCES	OF FUNDS NAME OF SOURCE OF	FUNDING	ASSURED SUPPORT (IN US DOLLARS)
1. The Universi	ty of Southern Mississippi		\$
2. International	Organization		\$
3. Scholar's Go	vernment		\$
4. Personal/Fan	nily Funds		\$
5. Other Source			\$
	REQUIRED DOCUMENTATION TO BE	SUBMITTED WITH TH	IS FORM
Copy of Pas	ssport Biographical Page (For yourself and any accompany	ying dependents)	
	oof of Financial Support or Bank Statement (if <u>not</u> being fremic advisor at home institution authorizing employment a		
Copy of Pro	oof of English Language Proficiency (either letter from En	glish language instructor, T	OEFL Score, or IELTS Score)
	ntly inside the United States, please include copy/Scan is DS-2019's, I-20's, I-797 Approval Notices (for yours		
	above information is correct and complete, and that I ation or research plans.	shall notify the Universit	y of any change in my
	ure:	Date:	
-			

SCHOLAR NAME: ___



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Name of J-1 Scholar: through through Title of Position at The University of Southern Mississippi:
month day year month day year Title of Position at The University of Southern Mississippi:
Description of Duties:
Sponsoring Department:
Faculty Sponsor's Name: Email:
Administrative Contact/ Office Manager:
Administrative Contact Phone Number: Email:
By signing below, we attest that we will comply with the following departmental/college responsibilities in hosting a J-1 Intern:
 The department acknowledges and agrees to conform to the J-1 program requirements and prohibitions established by federal law 22 CFR § 62.23 (please see page 1 of this packet). The department will have the scholar make an appointment to check in with International Student and Scholar Services within five (5) days of arrival to fulfill the government's reporting requirements. If an extension of program is necessary, the department will provide an updated appointment letter and proof of any additional funding two weeks prior to the current program end date. If the scholar does not come to The University of Southern Mississippi as expected or will be delayed in arriving, the department will inform the International Student and Scholar Services as soon as possible so his/her documents can be updated. If the scholar ends his/her participation in the program more than 30 days earlier than the expected appointment date, the department will inform International Student and Scholar Services so his/her immigration record can be updated as required by law. Upon completion or termination of appointment, the department will inform International Student and Scholar Services of the scholar's departure date by either email or formal letter. The department understands International Student and Scholar Services does not provide assistance in making housing arrangements.
Required Signatures:
Faculty Sponsor: Date:
Department Chair: Date: Date:
MAILING PREFERENCES Date:
 □ Department picks up and sends immigration documents to intern applicant. □ ISSS sends documents at departmental expense. Please provide Fed Ex account number:
Besides this request to host a scholar, scholar applicants must complete and return the Background Check forms with the Application and Supporting Documents. Additionally, departments must complete an Affiliate Data Form in order to give the visiting scholar access to campus facilities. These additional forms should also be submitted to International Student and Scholar Services.

SCHOLAR NAME: _



Date: _	
Initials:	

Affiliate Data Form

number and date of birth.

Effective Date of Action:	Ending Date:		_
Name:	Last	Employee ID:_	
Date of Birth:	Last		
Social Security Number:			
Home Address:			
Department #: Depa			
Department Box: Department Phone: _	Contact	Name	
Does employee need a Picture ID? ☐ Yes	□ No		
Reason for Affiliation:			
Approvals:			
Budget Authority or Principle Investigator Date	Human Resource	ces	Date

HR: Rev 4.13 AA/EOE/ADAI

Instructions: If you keep a copy for your records you must black-out the sensitive data such as social security



To: Employees with Conditional Offers of Employment

Re: Background Checks

All offers of employment or participation in any activity involving minors in a University sponsored program with The University of Southern Mississippi are contingent on successful completion of a background check.

An individual may not begin with the University until the background check has been completed and they have been cleared to begin.

- Sign and return included forms. (Background Check Form, Authorization to Release Information Form, and Vehicle Use Agreement)
- **Original** signatures are required.
- Return forms to the hiring department in a sealed envelope either in person or via mail (fax and scanned forms will not be accepted).
- Failure to provide consent, return of the forms in a timely manner, or providing the required information will result in the withdrawal of any offer of employment and/or ability to participate in University sponsored programs which include minors.

For questions contact Crystal.Bowler@usm.edu University of Southern Mississippi Department of Human Resources

Attn: Crystal Bowler

Department of Human Resources

Background Check Form: disclose and sign

Background Check Statement:

All offers of employment or participation in any activity involving minors in a University sponsored program with The University of Southern Mississippi are contingent on a background check. The University of Southern Mississippi requires a background check for the following individuals: 1) new employees in any position; 2) any employee, student, or volunteer affiliated with The University of Southern Mississippi who will be working with or in programs involving children, 3)Affiliates with access to University systems or who are on campus.

An offer of employment from The University of Southern Mississippi for any position, or the ability to participate in any program involving children as a University employee, student or volunteer, is contingent on the receipt and evaluation of the background check report. Failure to provide consent or the required information will result in the withdrawal of any offer of employment, or as applicable, in the immediate termination of my participation as a University employee, student or volunteer in any program involving children.

Following the initial hire in any position with the University, or as applicable, the receipt of the first acceptable background check report that supports participation in any program involving children, the University may obtain follow-up background check reports at any time during the course of employment with the University in any position, or as applicable, participation as an employee, student or volunteer in any program involving children. Revocation of this consent, in writing, shall constitute a "for cause" basis for the immediate termination of employment in any position with The University of Southern Mississippi or the immediate termination of my participation as an employee, student or volunteer with any program involving children.

State law prohibits the employment of any person who has been convicted or pled guilty in any court of any felony in which public funds were unlawfully taken, obtained or misappropriated in the abuse or misuse of the person's office or employment or money coming into the person's hands by virtue of the person's office or employment.

All individuals described in this document must complete the Criminal History Disclosure and Authorization to Release Information and must have clearance from Human Resources before they can begin. If unreported convictions are revealed in the criminal history check, the offer of employment and/or participation will be withdrawn and, if employed, the individual will be separated from employment, unless the individual provides evidence that the report is in error. The decision to reject or separate an individual with an unreported conviction is solely at the discretion of The University of Southern Mississippi.

Background Check Form (page 2)

Printed Name

Criminal History Disclosure: Have you ever been convicted* of a crime other than a minor traffic violation? Yes No If yes, you must disclose for each offense: date, charge, type or offense, city & state, disposition. City/State Date Charge **Disposition** Type (guilty, conditional (felony, misdemeanor) dismissal) (If additional space is needed, include the information below.) I have carefully read and understand this background check statement and certify that the information provided is accurate.

Date

Signature

^{*} Convicted means you were declared guilty by a judge or you pleaded guilty in court. A conviction may have even taken place if you did not pay a fine or spend time in jail or in prison. A conviction could have been for either a misdemeanor or a felony. For USM purposes, driving while under the influence, driving on a suspended license, reckless driving, leaving the scene of an accident, and vehicular homicide are not minor traffic violations and must be declared (whether the result is a ticket or a more severe penalty). Minor traffic violations that result in tickets do not need to be declared. A criminal history investigation is done on each new employee, and/or participant and any relationship with the University is conditional, subject to the findings of a criminal history investigation. Answering yes to this question does not automatically disqualify you for employment; however, information obtained from the investigation will be used in the employment review process.

THE UNIVERSITY OF SOUTHERN MISSISSIPPI

University Police Department

AUTHORIZATION TO RELEASE INFORMATION

Print all information			
NAME:			
CURRENT ADDRESS:			
City, State, Zip:			
SOCIAL SECURITY NUMBER:			
DATE OF BIRTH:			
RACE / SEX:			
TELEPHONE NUMBER:			
DRIVER'S LIC# / STATE			
I hereby authorize The University background check based upon m	y of Southern Mississippi ny fingerprints (Police Department to ((), or name ()	obtain a criminal
and further request the inspection accessible by any local law enformation cent investigation, including, but not felony, for which I may have been	on of any and all criminal cement agency, the Miss ter for any other state ot limited to, any past histo	records information in sissippi Justice Informat her than Mississippi, an	the possession of or ion Center, any similar d the Federal Bureau of
By giving the above-desc compliance which I may now hav Mississippi and the State of Miss hereby indemnify the University employees and agents, against a described information and the co	sissippi, their employees of Southern Mississippi any and all future actions	ure against the Univers and agents concerning and the State of Mississ with reference to the r	ity of Southern said information, and do ippi and their
Check All Applicable Boxes:			
	s Program Student Staff		e.g Volunteer, Affiliate, etc)
Position Offered:		Department:	
Signature		Date	
Witness to Signature		Date	
FOR USE BY RECORDS PERSONN	IEL ONLY:		
Does subject have a record?	Yes (see 2 nd page)	No
Record Checked by:		Date:	

	For University Pol	ice Department Use Only	
Valid Driver License :Yes	Driving History:Clear	Records Check Ran By:	
No	Other	Records Check Run Date:	

THE UNIVERSITY OF SOUTHERN MISSISSIPPI

VEHICLE USE AGREEMENT

Section A.	
	verify my license information and motor vehicle driving record. I understate me ineligible to drive any vehicle, whether privately or university owned, ississippi business.
Employee Name (Please Print):	EmplID:
Employee Signature:	Date Signed:
Department:	
Section B.	
I DO grant permission to the university to verif the following license information.	y my license information and motor vehicle driving record and willingly of
Date of Birth Lice	ense No State
I do truthfully state that I have a valid driver lice	ense and that my privilege to drive is not currently under suspension.
One of the following MIST he initialed:	
One of the following MOST be illitiated:	
related driving violations, nor have I been conviI do truthfully state that in the past year I l	have been issued the following motor vehicle violations (please list):
I do truthfully state that in the past year: related driving violations, nor have I been conviI do truthfully state that in the past year I large of violation:	cted of any unsafe motor vehicle operations. have been issued the following motor vehicle violations (please list): Location: Date:
I do truthfully state that in the past year: related driving violations, nor have I been conviI do truthfully state that in the past year I law type of violation: Type of violation:	cted of any unsafe motor vehicle operations. have been issued the following motor vehicle violations (please list):
I do truthfully state that in the past year: related driving violations, nor have I been conviI do truthfully state that in the past year I lateral Type of violation: Type of violation: Type of violation: I understand and agree that my use of any ve business will comply with the policies and procoperate such vehicle in a safe, prudent and lawf	cted of any unsafe motor vehicle operations. have been issued the following motor vehicle violations (please list): Location: Date: Location: Date:
I do truthfully state that in the past year: related driving violations, nor have I been conviI do truthfully state that in the past year I land trut	cted of any unsafe motor vehicle operations. have been issued the following motor vehicle violations (please list): Location: Location: Date: Location: Date: Location: Date: Location: Location: Date: Location: Date: Location: Date: Mississi cedures outlined in the Fleet Management Policies and Procedures. I agree ful manner at all times. Seat belts shall be worn by all vehicle occupants where the procedures of the procedure of the procedures of the procedure of t
I do truthfully state that in the past year: related driving violations, nor have I been conviI do truthfully state that in the past year I land trut	have been issued the following motor vehicle violations (please list): Location: Location: Location: Date: Location: Date: Location: Date: Location: Date: Location: Date: Location: Date: Sedures outlined in the Fleet Management Policies and Procedures. I agree ful manner at all times. Seat belts shall be worn by all vehicle occupants what y Fleet Management Policies and Procedures is available online assippi reserves the right to deny me use of university owned vehicles based
I do truthfully state that in the past year: related driving violations, nor have I been conviI do truthfully state that in the past year I land trut	have been issued the following motor vehicle violations (please list): Location: Location: Location: Date: Location: Location: Date: Location: Location: Date: Location: Date: Location: Location: Location: Location: Date: Location: Locati