

INFORMATION ABOUT USM'S FOREIGN SCHOLAR APPOINTMENT FORM

Exchange Visitor Program. The purpose of the J-1 Exchange Visitor Program is to provide foreign nationals with opportunities to participate in educational and cultural programs in the United States and to return home to share their experiences. (Federal Register 58, 52, p.15196) .

NOTE: *J-1 Exchange Visitor Status is appropriate only for a foreign person who is coming to USM temporarily. If the person wishes to come here permanently, then efforts should be made to obtain an immigrant (Permanent Resident) visa.*

Purposes of this form. This form gives the USM International Scholar and Student Services (ISSS) the information it needs to complete a Certificate of Eligibility (DS-2019) for a non-U.S. citizen wishing to obtain a J-1 visa to enter the U.S. as a participant in our Exchange Visitor Program. The DS-2019 is necessary to obtain an Exchange Visitor visa from the U.S. Embassy/Consulate in the person's country, and the visa is necessary to enable the person to enter the U.S. If the Visitor is already in the U.S. in J-1 status, he or she will need to obtain official authorization from his/her current institution to transfer to USM. The transfer procedure should be approved prior to the individual coming to USM.

Besides enabling a prospective Exchange Visitor to obtain a visa, the DS-2019 provides the U.S. government with information it compiles about activities taking place under the Exchange Visitor Program. Furthermore, it enables the U.S. Consul who issues the visa to determine whether the Exchange Visitor is subject to the "Two-year Foreign Residence Requirement" (Section 212(e) of the Immigration and Nationality Act, as amended). According to that requirement, **Exchange Visitors who receive financial support from the U.S. or a foreign government, or whose skill has been listed by their country of nationality or last country of permanent residence as one in short supply there must return to and remain for two years in that country before applying for permanent residence in the U.S. or for a temporary worker (H) visa.**

Waivers of the provision can sometimes be obtained, but only with difficulty. There are limitations on the stays of Exchange Visitors (except students). Short term scholars may only stay for a six (6) month period with no possibility of extension. Professors and Research Scholars may stay for three years. Extensions beyond this period must be approved by the Department of State. Consult the ISSS for more information about this.

INSTRUCTIONS

Please provide all the information requested on the form, and all the necessary documents. Without this information, the Form DS-2019 cannot be properly completed. All incomplete forms will be returned to the sponsoring departments.

If the prospective Exchange Visitor will be accompanied by dependents, you must provide as much information as possible in Section II of the Foreign Staff Appointment Form. We are required to include this information on the DS-2019 to request J-2 visas for dependents. Dependents will not be able to secure a J-2 visa without it.

If the Exchange Visitor is already in the U.S., Part A must be completed. This information is required to determine whether or not the Exchange Visitor is eligible for an extension of stay and/or appointment to our J Program.

The Foreign Staff Appointment Form must be signed by the department chair and faculty member responsible for inviting the scholar to USM. So that the prospective Exchange Visitor is not delayed in getting a J-1 visa, we urge you to return the Foreign Staff Appointment Form to the ISSS at least one month before the proposed arrival date. Return the Foreign Staff Appointment Form and all appropriate supplementary forms and documentation to:

Barbara Jackson, International Student and Scholar Services, Box 5151

SECTION II. (For dependents accompanying the Exchange Visitor)

Full name of spouse: _____
(Family Name) (Given Name)

Date of Birth: ___/___/___ Place of Birth _____
M D Y City Country

Country of Citizenship: _____

Full name of child: _____ Male Female
(Family Name) (Given Name)

Date of Birth: ___/___/___ Place of Birth: _____
M D Y City Country

Country of Citizenship: _____

(Please attach an additional page if needed for dependents)

SECTION III.

Starting and Ending Dates of Appointment (Professor/Researcher is limited to 3 years)

From: ___/___/___ To: ___/___/___
M D Y M D Y

This Exchange Visitor will: Teach and/or do research; Be a student; Other
(specify) _____

Please **provide a full description** of the specific activity in which the Exchange Visitor will be engaged, including the title of the position (attach additional pages as needed): _____

If the international visitor is *not* on USM employee insurance, will the USM department pay the Scholar's or Student's Health Insurance premium? Yes No. If yes, would like to know a current rate, please contact the ISSS for more information.

SECTION IV.

Please give the amount of **financial support** the Visitor will receive from each of the following sources (give the total amount of funds for the duration of employment, even if it is an estimate).

SOURCE OF SUPPORT (*For #2,3,4,5,6 and 7, provide **PROOF** of these funds) **AMOUNT**

- *1. _____ USM (i.e. on the USM payroll, even if funds come from a federal agency) \$ _____
- *2. _____ U.S. Government agency, paying the Exchange Visitor directly (specify) \$ _____
- *3. _____ An international agency organization (specify) \$ _____
- *4. _____ The Exchange Visitor's government \$ _____
- *5. _____ The Bi-National Commission of the Visitor's Country \$ _____
- *6. _____ All other organizations providing support (specify) \$ _____
- *7. _____ The Visitor's personal funds (bank statement, letter, etc.) \$ _____

PLEASE NOTE: Proof of financial support must be provided in writing if the scholar is not sponsored by USM.

I accept responsibility for the accuracy of the information on this form, for sponsoring the scholar at the University of Southern Mississippi, and for reporting to the International Scholar and Student Services the termination and/or departure of the scholar from the University. In addition, I have confirmed that the Exchange Visitor possesses sufficient proficiency in the English language to participate in his or her program here at USM.

Authorized by: _____ Authorized by: _____
Signature of Dept. Chair Signature of Faculty Sponsor

Name (print): _____ Name (print) _____
Department: _____
Telephone Number: _____
Fax: _____
Box: _____
Date: _____

PLEASE ATTACH A COPY OF THE EXCHANGE VISITOR'S CURRICULUM VITAE OR RESUME AND A LETTER OF INVITATION OR OFFER OF EMPLOYMENT.