

**J-1 EXCHANGE VISITOR  
SPONSORING DEPARTMENT QUESTIONNAIRE  
(To be completed by hosting department)**



Type of J-1 visa request:      New                      Extension                      Transfer                      Amendment

Start date requested\*: \_\_\_\_\_ End date requested: \_\_\_\_\_

\*Please notify the Office of International Services (OIS) if the visitor will not arrive in time to begin his/her program on the requested start date.

Select one exchange visitor category:

Short-Term Scholar (Maximum duration: 1 day to 6 months; Cannot extend beyond six months)

Research Scholar (Maximum duration: 3 weeks to 5 years; Primary activity is research)

Professor (Maximum duration: 3 weeks to 5 years; Primary activity is teaching, but may also conduct research)

Specialist (Maximum duration: 3 weeks to 1 year; Please contact OIS before using this category)

Student Intern (Maximum duration: 3 weeks to 1 year; Cannot extend beyond this time)

*Please contact OIS if you have any questions about which exchange visitor category is the most appropriate.*

Applicant's Last Name: \_\_\_\_\_

Applicant's First Name: \_\_\_\_\_

Applicant's Middle Name: \_\_\_\_\_

Department/Division: \_\_\_\_\_

Name of hosting faculty member: \_\_\_\_\_

Title of hosting faculty member: \_\_\_\_\_

Name of departmental administrative contact: \_\_\_\_\_

E-mail of department contact: \_\_\_\_\_

Phone Number of department contact: \_\_\_\_\_

**The Office of International Services (OIS) will mail via eShip Global the DS-2019 Form, which the visitor requires to apply for a J-1 visa at the U.S. consulate abroad. Please provide the following information to bill your department for the cost of mailing:**

Username: \_\_\_\_\_ Project ID (PID): \_\_\_\_\_ Dept. ID: \_\_\_\_\_

**INFORMATION ABOUT VISIT AND ACTIVITIES**

Purpose of visit (Indicate all that apply):

Teaching

Research

Study

Collaboration/Site Visit

Observation

Other: \_\_\_\_\_

Position title/role:

Visiting Scientist

Visiting Student

Student Associate

Postdoctoral Fellow

Other: \_\_\_\_\_ Job Code (HOP or HR): \_\_\_\_\_

Job duties - Provide a brief description of duties to be performed. If research will be performed, please summarize the focus of research in a few words. (Attach a separate sheet of paper if necessary.)

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Six-digit subject field code describing the scholar's subject or field of focus at UTHSCSA: \_\_\_\_\_

(Visit <http://nces.ed.gov/ipeds/cipcode/>, browse through the categories listed in the left menu, and click on the name of a category to view the list of specific Subject/Field Codes within that category.)

Will travel be required in order to perform duties/activities?    Yes    No    *If yes, please explain* \_\_\_\_\_

Salary/Stipend/Fellowship from the Health Science Center: \$ \_\_\_\_\_ per year            per month            per hour

Will the department/division also cover additional costs?            Yes    No

If 'yes,' please check the appropriate item and indicate amount provided:

Accident & Sickness Insurance: \$ \_\_\_\_\_    Travel Costs: \$ \_\_\_\_\_            Other: \$ \_\_\_\_\_

Minimum degree required to perform duties/activities:

Bachelor's

Master's

Doctorate

Other: \_\_\_\_\_

Indicate the major(s) and/or field(s) of study required: \_\_\_\_\_

Will the visitor be engaged in any clinical activities (i.e. patient care or contact)?                      Yes              No

If yes, please provide a detailed description of these activities. **(Please note that patient care/contact is only authorized by law under very limited circumstances when an individual is on a J-1 Exchange Visitor visa.):**

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**Please note that this is not the appropriate form for International Medical Graduates wishing to engage in Graduate Medical Education (GME) at the Health Science Center. Please see the ECFMG Sponsored J-1 Exchange Visitor Sponsorship Application on the OIS website under the J-1 ECFMG tab for information about visa sponsorship for medical residents and clinical fellows engaged in GME.**

Site(s) of Activities – List all locations where activities will be performed and the visitor will be present. Include street address, city, county, state, and zip code. If more than one location is listed, please check the primary site of activity.

- 1) -----
- 2) -----
- 3) -----
- 4) -----

## DECLARATION OF HOSTING FACULTY MEMBER AND DEPARTMENT

The hosting faculty member and department will comply with the following rules in regards to sponsoring the above-named applicant for a J-1 Exchange Visitor visa:

1. The hosting faculty member has determined that the international visitor has English language proficiency sufficient for the proposed activity.
2. The hosting faculty member has verified that the international visitor is eligible, qualified, and accepted for the Exchange Visitor program in which s/he will be participating.
3. The hosting faculty member will ensure that the visitor's activities are consistent with those listed on the DS-2019 Form and monitor the progress and welfare of the visitor, providing any assistance/advice needed to facilitate the successful completion of the program.
4. The hosting faculty member has clarified expectations with the visitor regarding institutional support including benefits, length of program, availability of office/lab space, equipment, computer access, and clerical support, and faculty collaboration.
5. If applicable, the department has allocated funds for the payment of the visitor's salary or stipend for the duration of his/her Exchange Visitor program under the terms described in this questionnaire.
6. The visitor will engage only in activities consistent with the intended program as stated in the invitation letter and the hosting department/faculty member will notify the OIS of any changes in the program such as changes in financial support, loss of funding, change of site(s) of activities, or transfer to a different department.
7. The hosting faculty member understands that the purpose of the J-1 Exchange Visitor program is to promote cultural exchange. Therefore, the hosting faculty member will assist the OIS to make available to the international visitor a variety of cross-cultural activities to give him/her broad exposure to American society, culture and institutions. The hosting faculty member will encourage and allow the visitor to participate in these activities and to share the language, culture, or history of his/her home country with the campus and the community.
8. The hosting faculty member and department understand that an international visitor on a J-1 Exchange Visitor visa cannot hold a tenure-track or tenured position.
9. **The hosting faculty member and department will not allow the international visitor to engage in any patient contact and/or care *except as specifically authorized on the Form DS-2019 and any attachment to the form, which the visitor presented to the U.S. consulate/embassy to obtain the J-1 visa. Prohibited patient contact and care includes physically touching, talking with, obtaining a medical history from, performing an examination of, counseling, assisting in surgery or any other procedure in regards to, providing treatment for, or otherwise interacting with patients.***

Name of person who prepared questionnaire: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of hosting faculty member: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of department chair / unit director: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_