

## J-1 Exchange Visitor Application PART A EXCHANGE VISITOR SECTION

OFFICE OF GLOBAL ENGAGEMENT

#### PROCESS

The new Exchange Visitor should complete this form IN BLOCK LETTERS and...

- Attach Passport ID Page(s);
- Attach proof of financial support, if not supported entirely by Mercer University;
- Attach proof of conversational English language competency;
- Attach current DS-2019 if currently at another U.S. institution;
- Send this form with supporting documentation to inviting department by e-mail

#### PERSONAL DATA

Last Name/Family Name	First Name	Mic	idle Name	<ul> <li>□ Male</li> <li>□ Female</li> <li>□ Married</li> <li>□ Single</li> </ul>
Birth Date (MM/DD/YYYY)	City of Birth	Cou	untry of Birth	-
Country of Citizenship	Country of Permanent Res	idence	U.S. Social Sect	urity Number
Phone Number	Email Address			
Foreign Address:	Current Address (if diffe	erent):		
			Home Country	Occupation
	Street			
	Apt. #		Home Country	Employer
	City			
	State or Province			
Country	Country			

### IMMIGRATION INFORMATION

• Are you presently in the U.S. ? $\Box$ Yes $\Box$ No	
If yes: I-94 number:	_ Current immigration status:
Current status start date:	_ Current status end date:
• Have you been in the U.S. in J-1 or J-2 status within	the past 12 months? $\Box$ Yes $\Box$ No
<ul> <li>If you are currently in J status, do you have medical to \$25,000 for repatriation of remains, \$50,000 for med and your dependent(s)?</li> <li>□ Yes □ No</li> </ul>	benefits of at least: \$100,000 per accident or illness, lical evacuation and a \$500 or less deductible for yourself

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# J-1 Exchange Visitor Application PART B INVITING/HIRING DEPARTMENT SECTION

OFFICE OF GLOBAL ENGAGEMENT

The Inviting Department should complete this form IN BLOCK LETTERS and...

- Attach appointment/invitation letter;
- Attach proof of financial support, if not supported entirely by Mercer University;
- Obtain all signatures on Page 2;
- Deliver this form with *J-1 Exchange Visitor Application PART A* and supporting documents to the OGE.

The Director of Global Pathways will review both Part A and Part B of the EV Application, and if the prospective EV is eligible a Certificate of Eligibility (DS-2019) will be processed and the inviting department will be notified within 5 business days. The application cannot be processed without both parts and all necessary supporting documentation.

**EV PERSONAL INFORMATION** 

Last Name/Family N	ame	First Name		Highest De	gree of Education
Occupation in Home	Country		Employ	er in Home Co	untry
Category (See definit	tions)		arch Scholar -Term Scholar		
PROGRAM DET					
Check one: New A	Application 🗆 Ext	ension of Stay	Fransfer from ano	ther EV program	m (attach current immigration documents)
General Field	Dep	artment		Position Ti	tle
Description of Propo	sed Activity:				
Departmental Superv	isor Pho	ne of Supervisor		Supervisor	's email
What type of supervi	sion will this Exch	ange Visitor receive		et (working und ect (working in	er close supervision) dependently)
Length of proposed a	ppointment: From	(MM/DD/YYYY):		_ to	
Is this appointment li	kely to be renewed	? □Yes □No	» *Maximum st	ay in J-1 status	s is 5 years
Services will be perf	ormed in (check all	that apply)	<ul><li>☐ Macon</li><li>☐ Savannah</li></ul>	🗆 Atlanta	Henry County
University Status:	□ Staff □ Faculty	☐ Temporary □ Visiting	□ Permanent □ Non-tenure	track ( <b>J-1 EV</b>	cannot hold tenure track positions)
the position prior to the circumstance and the pr	end date indicated, C rogram at Mercer end	OGE must be contacte ed. OGE expects that	d immediately. The the EV's superviso	EV's record (DS r will: (a) notify	EV is not reappointed or is terminated from S-2019) must be canceled in the above OGE of any changes to the EV's arrival date; /IS database; (c) inform the EV of the

necessity of scholar orientation with OGE; and (d) report any changes to the EV's program during the stay at Mercer University.

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### FUNDING

It is imperative that we have complete, accurate, and timely information regarding the source and exact amount of the applicant's financial support. The U.S. Citizenship and Immigration Service (USCIS) and the Department of State require this information. The University may be held liable for statements regarding Mercer University salaries and benefits. This information is kept strictly confidential. If the applicant will be supported wholly or in part by non-Mercer funds, original documentation of the source and amount of support must be attached.

A	per v	vear minimum	of \$15.600 for	the EV. \$6.500	for the spouse	. and \$3.500 p	er child is rea	uired for issuar	ce of the DS-2019.
		,	01 \$10,000 101	ι με μι, φυ <u>ι</u> ευυ	ior the spouse	, unu φ <b>υ</b> ,συυ p	er enna is ree	uniou for issuur	

Mercer University (including grants/contracts)	\$	Per Year or Per Month
Name of grant/contract	End date of grant/contract	Account #
U.S. Government Agency	\$	
International Agency	\$	
Home Government of Exchange Visitor	\$	
International Organization	\$	
Personal Funds (Savings/checking bank statement require	ed) \$	
Will the EV receive the Mercer University faculty/staff h	ealth insurance benefits? $\Box Y$	es 🗌 No
NOTE: All Exchange Visitors are required to maintain add	equate health insurance coverage for	themselves and their dependent(s) residing in

the U.S. Detailed information is provided in writing by ISSS and discussed during orientation.

### ENGLISH LANGUAGE CONVERSATION COMPETENCY

As of January 5, 2015 the U.S. Department of State requires new Exchange Visitors to possess sufficient proficiency in the English language. An objective measure of English language competency must be utilized to determine if the EV will be able to participate in their program and function on a day-to-day basis. Applicants to Mercer University can provide the following internationally recognized test scores to meet this criteria;

Language Proficiency Exam	English Language Assessment Equivalencies International Direct		
DET	115 (no part below 110)		
iBT/TOEFL	80 (no part below 18)		
pBT/TOEFL	70 (no part below 18		
IELTS	6.5 (no part below 6.0)		
iTEP Academic Plus	4.5 (no part below 4.0)		
PTE	54 (no part below 50)		
EIKEN	1		
TOEIC	695		
Cambridge	FCE (no part below 165)		
ILSC	Adv 1		
OHLA	Adv 2		
CEFR	C1+-C1		
ID English D	Standard Level 6		
IB English B	Higher Level 5		
IB English A: Language and	Standard Level 6		
Literature	Higher Level 5		
IB English A: Literature	6		
GCSE/IGCSE/GCE O-LEVEL	В		

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#### APPROVAL

mmediate Supervisor	Printed Name	Phone	E-mail Address
	Signature		Date
epartment Chair	Printed Name	Phone	E-mail Address
	Signature		Date
ean's Approval	Printed Name	Phone	E-mail Address
	Signature		Date
O/ARO Contact	Printed Name	Phone	E-mail Address
	Signature		Date
overed under a health in	surance policy that meets the m		nd their accompanying dependents, must be y the Department of State. We further the visitor's I-1 status.

Department indicated on this form, for the length of time indicated on this form. The OIP will be notified immediately of any changes.

\*The department verifies that all information listed on the request is accurate.