



## REQUEST FOR EXCHANGE VISITOR INVITATION

J-1 Temporary Exchange Foreign Visitor Visas

*To be completed by the TU Faculty Member initiating the Exchange Visit and/or the Department Chair*

### **SECTION 1: VISITOR BIOGRAPHICAL INFORMATION**

**(PLEASE ALSO SUBMIT A PHOTOCOPY OF THE PROSPECTIVE VISITOR'S PASSPORT.)**

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**GIVEN NAME**                                      **MIDDLE NAME(S)**                                      **FAMILY NAME**

**GENDER:**  Male  Female                      **DATE OF BIRTH:**    Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**U.S. TAXPAYER IDENTIFICATION NUMBER:** \_\_\_\_\_  
*(Either Social Security Number (SSN) or Individual Tax Identification Number (ITIN) – if any.)*

### **CITIZENSHIP INFORMATION**

City of Birth: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

Country of Legal Residency: \_\_\_\_\_

### **EMPLOYMENT INFORMATION**

Name of Employer in Home Country: \_\_\_\_\_

Position (Occupation/Title) in Home Country: \_\_\_\_\_

Academic Field: \_\_\_\_\_

### **CONTACT INFORMATION**

Preferred Mailing Address for visa/invitation packet:

E-Mail Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

**ACCOMPANYING FAMILY MEMBERS**

	Name (given, middle, last)	Gender	Birthdate (mm/dd/yy)	Birth city & country	Citizenship country	Country of legal residency
Spouse		<input type="checkbox"/> M <input type="checkbox"/> F				
Child		<input type="checkbox"/> M <input type="checkbox"/> F				
Child		<input type="checkbox"/> M <input type="checkbox"/> F				
Child		<input type="checkbox"/> M <input type="checkbox"/> F				

**SECTION 2: EXCHANGE ACTIVITY INFORMATION**

**SPECIFIC SCHOLARY ACTIVITIES, DUTIES, AND RESPONSIBILITIES WHILE AT TOWSON UNIVERSITY**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**LOCATION(S) OF STUDY, RESEARCH, TRAINING OR PROFESSIONAL ACTIVITY AT TOWSON UNIVERSITY:** *(Department, building on campus and/or off campus)*

- \_\_\_\_\_
- \_\_\_\_\_

**CATEGORY OF EXCHANGE VISITOR**

- \_\_\_\_\_ Short-term Scholar  
*(For scholars coming to U.S. for a period of no more than 6 months. This category may not be extended.)*
- \_\_\_\_\_ Research Scholar  
*(More than 50% of visitor's time will be spent conducting research. Visit must be at least 3 weeks in length and no longer than 3 years.)*
- \_\_\_\_\_ Professor  
*(More than 50% of visitor's time will be spent teaching/lecturing) Visit must be at least 3 weeks in length and no longer than 3 years.)*

**PERIOD OF APPOINTMENT/EXCHANGE**

*(Allow sufficient time prior to arrival for international mailing, visa application and travel arrangements.)*

**From:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_      **To:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**SECTION 3: U.S. VISIT HISTORY**

**VISITOR ALREADY IN U.S.?**  YES  NO

- **If yes,** enclose photocopy of current immigration documents (DS-2019, I-94, US Visa)
- **If visitor is currently in J-1 status, complete the following:**

Program start date: \_\_\_\_\_ Program end date: \_\_\_\_\_

Program sponsor: \_\_\_\_\_

**HAS THIS PERSON BEEN TO THE U. S. PRIOR TO THIS VISIT?**  Yes  No  
*(If yes, complete table below)*

Visa Category	Start Date	End Date	Location/Activity

**Note:** It is essential to have information on **all** prior J visa visits to the U. S.

**SECTION 4: FINANCIAL INFORMATION**

**SOURCES OF FINANCIAL SUPPORT DURING EXCHANGE**

- **Specify all sources** of financial support under the three categories below. Required minimum funding:
  - Exchange Visitor: \$1500 per month (\$18,000 per year)
  - EV plus one dependent: \$2250 per month (\$ 27,000 per year)
  - EV plus two dependents: \$2625 per month (\$31,500 per year)
  - Each additional dependent: \$375 additional per month
- **Attach official documentation**, such as, bank statement or letter, as evidence of financial support from all sources.

**A. FINANCIAL SUPPORT FROM TOWSON UNIVERSITY**

Description (e.g., stipend, teaching salary, reimbursement, etc.)	Amount
	\$
	\$
	\$

**B. FINANCIAL SUPPORT FROM OTHER SOURCES**

*(Attach official documentation that details period of time covered & amount of funding)*

Description (e.g., stipend, reimbursement, etc.)	Amount	Source
	\$	
	\$	
	\$	

**C. FINANCIAL SUPPORT FROM PERSONAL FUNDS**

*(Attach bank statement)*

Description (e.g., bank name)	Type of Account	Amount
		\$
		\$

**SECTION 5: HEALTH (ACCIDENT & SICKNESS) INSURANCE REQUIREMENT**

The requesting faculty and department chairperson acknowledge, by signing this document, that they have been informed about the mandatory health insurance requirement for all visitors and will provide this information to any person(s) they invite. The specific procedures and requirements are:

1. Provide *Mandatory Health Insurance Requirement Compliance Agreement* to visitor.
2. **Upon arrival** at Towson University, all visitors must present to the International Student and Scholar Office (ISSO) evidence of adequate health insurance coverage throughout his/her stay in the United States. The J-1 visa has the following federally mandated requirements:
  - Medical benefits of at least \$50,000 per accident or illness
  - A deductible not to exceed \$500 per accident or illness
  - Repatriation of mortal remains in the amount of \$7,500
  - Expenses associated with medical evacuation in the amount of \$10,000.
3. If the visitor does not have the required minimum insurance coverage in effect, he/she must purchase a supplemental policy to cover the entire period of the visit. Please direct the visitor to the International Programs website for information on suitable options:  
[www.towson.edu/facultystaffprograms/invitefn.htm](http://www.towson.edu/facultystaffprograms/invitefn.htm)
4. Federal law also requires that all **accompanying dependents** must also be covered by appropriate health and accident insurance, as described above.

**SECTION 6: FACULTY CONTACT INFORMATION**

Name	Department	E-mail Address
Telephone Number	Fax Number	

**SECTION 7: SIGNATURES**

\_\_\_\_\_  
**REQUESTING FACULTY**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**DEPARTMENT CHAIRPERSON**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**COLLEGE DEAN**

\_\_\_\_\_  
**DATE**

**ONCE FORM IS COMPLETE (INCLUDING ALL SIGNATURES),  
PLEASE SUBMIT TO THE INTERNATIONAL STUDENT & SCHOLAR OFFICE.**