

**TROY UNINVERSTY DS 2019 EV DATA SHEET** PAGE 1 OF 6  
**TO BE COMPLETED BY THE EXCHANGE VISITORS**

Pg. 1 Contact information, Pg. 2 EV Dependent/ Insurance Sheet, Pg.4 Sample only insurance enrollment sheet

<b>Exchange Visitor Applicant Name</b>	_____	_____
	First	Last
<b>Troy University Host Faculty Member</b>	_____	_____
	Name	Phone
	Email	Department

EXCHANGE VISITOR CATEGORY REQUESTED:  RESEARCH SCHOLAR  PROFESSOR

**EXCHANGE VISITOR CONTACT INFORMATION**

Name (as it appears on passport)	_____		
Institutional Affiliation	_____		
Address	_____		
	Address	City	
	Country/State	Zip/ Postal Code	
Telephone:	_____		
Business email:	_____		
	Fax:	_____	
	Personal email:	_____	

❖ **Complete This page and the attached pages and fax them to your hosting faculty member/department**

**Or**

❖ **Scanned copies of all requested documents may be emailed to your host faculty/department**

*BRING ALL ORIGINAL DOCUMENTS WITH YOU WHEN COMING TO THE US. ALL EXCHANGE VISITORS MUST REPORT IN TO THE AVC WITHIN FIVE BUSINESS DAYS OF ENTRY INTO THE UNITED STATES, FAILURE TO DO SO MAY RESULT IN TERMINATION OF YOUR PROGRAM.*

IF YOU WILL BE UNABLE TO ARRIVE ON OR PRIOR TO YOUR PLANNED PROGRAM BEGIN DATE PLEASE NOTIFY THE CENTER FOR INTERNATION PROGRAMS OF YOU NEW/UPDATED PLANNED ARRIVAL DATE SO THAT THEY MAY DEFER YOUR ARRIVAL WITH THE US DHS IMMIGRATION SYSTEM.

*NOTE: THAT IF YOU DO NOT NOTIFY TROY OF YOUR PLANNED ARRIVAL OR ARRIVE AFTER YOUR PLANNED PROGRAM BEGIN DATE YOU MAY BE TURNED AWAY AT THE US PORT OF ENTRY DUE TO A CANCELLED RECORD. CIP CAN DEFER YOUR ARRIVAL DATE AS LONG AS IT IS APPROVED BY YOUR HOSTING FACULTY.*

**TO BE COMPLETED BY EXCHANGE VISITOR AND TROY HOST**

Completed EV Data Sheet and required attachments must be submitted with the Departmental Request.

**J EXCHANGE VISITOR RESEARCH SCHOLAR-PROFESSOR- 5 year/2 year bar acknowledgement form**

On November 17<sup>th</sup> 2006 the US Department of State in conjunction with the US Department of Homeland Security and the SEVIS system implemented a regulatory change for all New and currently active J exchange visitors in the RESEARCH SCHOLAR or PROFESSOR categories. I hereby understand and acknowledge the following:

- 5 YEAR LIMIT AND 2 YEAR BAR FOR RESEARCH SCHOLARS AND PROFESSOR CATEGORIES:**  
The maximum period of participation for J Professors and Research Scholars is now five years. The five-year period is not an aggregate of five years. It is a continuous five-year period given to a participant on a “use or lose” basis. Additionally a new 24-month (two-year) bar on repeat participation in the J Professor and Research Scholar categories has been instituted for those who complete their program participation.

If your program dates are for less than the full five(5) years of eligibility and you complete your program activities departing the US you will not be allowed to return to the US in the Research Scholar or Professor categories to Troy or another institution in the US for two(2) years(2 yr. bar). Similarly if you remain continuously at Troy or transfer to another US institution during the five year period and complete your program prior to or at the end of the five years, the 2 year bar applies. Exchange Visitors may be additionally subject to 212(e) as part of their participation in the Exchange Visitor program.

- OTHER IMMIGRATION STATUS OPTIONS** available for ongoing collaboration (Please CHECK with AVCIA if you wish to explore any other options):  
US DOS EV Categories: Short term Scholar (6 month max limit/no extensions; may be repeated), Specialist (12 month max limit/no extensions; may be repeated), H-1b Temporary Worker: Maximum 6 years, authorized in three year increments, depending on the nature of the activity in the US-B1 for Business is a valid option. However one may NOT study or work under this category.

<b>EXCHANGE VISITOR SIGNATURE:</b> (please CHECK (√) the boxes below and sign as appropriate)		
I have read and understand the above information: <input type="checkbox"/> Yes <input type="checkbox"/> No and I still wish to request a DS-2019 for		
<input type="checkbox"/> RESEARCH SCHOLAR or <input type="checkbox"/> PROFESSOR		
<b>VISITNG SCHOLAR NAME</b>	Please type _____	Date of Birth _____
	Signature _____	Date _____
<b>TROY UNIVERSITY HOST SIGNATURE:</b> I have reviewed the information above and discussed the implication with my colleague <input type="checkbox"/> Yes <input type="checkbox"/> No and I still wish to request a DS-2019 for the above named		
<input type="checkbox"/> RESEARCH SCHOLAR or <input type="checkbox"/> PROFESSOR		
<b>HOST FACULTY NAME</b>	Please type _____	Department _____
	Signature _____	Phone _____
		Date _____

**TO BE COMPLETED BY EXCHANGE VISITOR AND TROY HOST**

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FULL NAME of Exchange Visitor As appears on PASSPORT (attach copy of Passport) AND PERSONAL INFORMATION	_____			
	Last	First	Middle	
	Gender: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>			
Birthdate (mm/dd/yyyy)			City of Birth	Country of Birth

Country of citizenship	Country of Legal Permanent Residency
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Position Held in Country of Residency	Highest Earned Degree or Equivalent
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Business Email	Personal Email
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**PERIOD OF PROPOSED TEMPORARY STAY:**  
 Begin date: (mm/dd/yyyy) \_\_\_\_\_ End date:(mm/dd/yyyy) \_\_\_\_\_

**WILL YOU BE ACCOMPANIED BY DEPENDANTS** (If yes complete the information requested on the attached page and submit copies of their passport pages, Documentation of financial support must be provided for all dependents.):  
**SPOUSE**  NO  YES    **CHILDREN**  NO  YES: # \_\_\_\_\_  
 Will accompanying dependants arrive with you:  NO  YES  
 Will your dependants come at a later date:  NO  YES, if yes, when \_\_\_\_\_  
 Note: dependants may not enter the US prior to the J-1 and may not remain in US following departure of the J-1.  
*Note: DEPENDANT CHILDREN may not remain in J-2 status upon turning 21 years of age.*

**INSURANCE REQUIREMENTS:** upon arrival all participants,(J-1 and J-2 visa holders) will be AUTOMATICALLY enrolled and billed for insurance relevant to the dates of their program up to one year (minimum enrollment one month based on policy period (August to August of each year)). Fulltime employees may be eligible for Troy University health plan.  
 NO EXCEPTIONS can be made to this policy. *Sponsoring departments are required to ensure that all exchange visitors comply with this requirement, departmental sponsors will be held responsible for this debt should the scholar default. For more information on the insurance requirements check with AVCIP.*

**FINANCIAL SUPPORT:** ALL EVP participants must demonstrate sufficient financial support, check with sponsoring department and AVCIP.

**If currently present in the U. S.** Please note that in order to transfer from another EV program within the US the EV must secure written permission to transfer PRIOR to coming to Troy University. Participation in the Troy sponsored program will not be authorized without the following information, please attach/complete the following information as appropriate:  
 ✓ Attach copy of current DS-2019, I-94, visa  
 ✓ If transferring to Troy University, attach a letter from current sponsor indicating the SEVIS Transfer date  
 ✓ List your present visa status \_\_\_\_\_, the date you last entered US \_\_\_\_\_  
 ✓ Name of your current J EV program sponsor \_\_\_\_\_

**ALL EV APPLICANTS MUST ATTACH AND COMPLETE THE FOLLOWING:**

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- 1) Attach a copy of your passport data pages and copies of previous US entry stamps & US visas
- 2) Attach a Curriculum Vitae
- 3) Attach a brief description of the work you plan on doing under this DS-2019
- 4) Attach a brief description of your ties to your home country and of plans to return home following completion of this EV program request
- 5) Have you been to Troy University before?  No  Yes,  
If Yes, Visa status \_\_\_\_\_ Effective date: \_\_\_\_\_
- 6) Have you ever applied for permanent residency?  No  Yes,  
If Yes, date \_\_\_\_\_
- 7) Have you previously held a non-immigration visa for work or study in the US?  No  Yes   
If Yes, please attach copies of visa pages and any DS-2019, I-20 or other immigration documentation
- 8) Are you or have you ever been subject to the 2-Year Country Physical Presence rule?  No  Yes,  
If yes, have you applied for a Waiver to the 2 yr Physical Presence rule?  No  Yes  
If Yes, Date \_\_\_\_\_

**I hereby request issuance of a DS-2019 for my Exchange visitor activities at Troy University and agree to comply with all US DOS regulations and Troy University policies and regulation.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**International Affairs**

003 Hawkins Hall, Troy University, Troy, AL 36082

Phone: 334-670-3534 Fax: 334-670-3735 [intlprog@troy.edu](mailto:intlprog@troy.edu)

*This application is the result of a referral from an agency such as C.C.I.E.*  No  Yes

**TROY UNIVERSITY EXCHANGE VISITOR DATA SHEET** PAGE 5 of 6

**TO BE COMPLETED BY EXCHANGE VISITOR AND TROY HOST**

Completed EV Data Sheet and required attachments must be submitted with the Departmental Request.

FULL NAME of Exchange Visitor As arrears on PASSPORT (attach copy of Passport) AND PERSONAL INFORMATION	Last _____ First _____ Middle _____
	Gender: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
	BIRTHDATE (mm/dd/yyyy) _____ CITY OF BIRTH _____ COUNTRY OF BIRTH _____

PERIOD OF PROPOSED TEMPORARY STAY:

Begin date: (mm/dd/yyyy) \_\_\_\_\_ End date:(mm/dd/yyyy) \_\_\_\_\_

Will the exchange visitor be accompanied by dependant:  NO  YES? If yes, then please provide the data requested below.

**ACCOMPANYING DEPENDENTS**

If the exchange visitor s IMMEDIATE FAMILY MEMBERS will accompany him/her or will be joining him/her later. fill out the following information. Documentation of financial support must be provided for all dependants

FULL NAME as appears on passport (first, middle, last)	BIRTHDATE (mm/dd/yyyy)	CITY OF BIRTH	COUNTRY OF BIRTH	COUNTRY OF CITIZENSHIP	RELATIONSHIP Spouse /son /daughter

Will the above dependants arrive with the EV?  No  Yes  
 If no, please indicate date of proposed arrival \_\_\_\_\_  
*Note dependants may not arrive prior to the EV for initial J visa entry. Attach any additional information as appropriate for other dependants*

**MANDATORY HEALTH INSURANCE PREMIUM RATE**  
 Cost subject to change August 1 each year

Be prepared to pay at least three months payments upon arrival based on the following yearly premiums:

Exchange Scholar or Professor (J-1)	\$1,020.00
Dependant Spouse (J-2)	\$3,624.00
Dependant each Child (J-2)	\$1,042.00

*Please contact Center of International Programs for exact amounts and payment procedures.*

**TROY UNIVERSITY INSURANCE COVERAGE REQUIREMENTS ARE MORE COMPREHENSIVE THAN THE MINIMAL US DEPT. OF STATE REQUIREMENTS (DO NOT USE THE US DOS MINIMAL STANDARDS )  
 INSURANCE WAIVERS MUST BE SUBMITTED AND APPROVED BY CIP PRIOR TO ARRIVAL**

**ALL SCHOLARS SHOULD CARRY APPROPRIATE HEALTH AND ASSISTANCE INSURANCE AT ALL TIMES DURING THEIR TRAVELS THE TROY POLICY BEGINS UPON ARRIVAL AND ENDS UPON DEPARTURE**

I hereby acknowledge Troy University's Health Insurance requirements for my Exchange visitor activities at Troy University and agree to comply with all US DOS regulations and Troy University polices and regulations upon arrival.

Signature

Date

Troy University host professor and the department head must report to AVCIA any absence of over 30 days. When the scholar asks for a travel signature, they must understand the J-1 program may be terminated if the absence from the US is greater than 30 days. Under certain exceptional cases an exception to this policy may be made however the host must guarantee in writing that the primary purpose of the extended stay is indeed a part of the research exchange collaboration and that the host takes full responsibility for providing any support required by the J-2 while the J-1 is away. Furthermore, all such plan and written explanations for extended absence during the program duration must be included in writing in the prescribed program activities at the time of the DS-2019 issuance or at a minimum requested at least 90 days in advance of the proposed absence.

<b>EXCHANGE VISITOR SIGNATURE:</b> (please CHECK (√) the boxes below and sign as appropriate)		
<input type="checkbox"/> I have read and understand the above information and policy		
<b>VISITNG SCHOLAR NAME</b>	Please type	Date of Birth
	Signature	Date
<b>TROY UNIVERSITY HOST SIGNATURE:</b>		
I have reviewed the information above, discussed the implications, and agree to the conditions indicated :		
<input type="checkbox"/> NO <input type="checkbox"/> YES.		
<b>HOST FACULTY NAME</b>	Please type	Department
	Signature	Phone
		Date

- ❖ In the event that a scholar is delayed, and unable to enter the U. S. and begin the program by the “start” date assigned on the DS-2019, the faculty sponsor is OBLIGATED to notify AVCIA in order that appropriate changes can be made in the SEVIS data base. To not do so is to risk substantial problems for the scholar due to the inconsistency of the information provided to the immigration authorities.

**International Affairs**  
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