

FORM B: TO BE COMPLETED BY THE PROSPECTIVE SCHOLAR applying for visa authorization for a temporary position at Hampshire College.
Please return this form to the Global Education Office at Hampshire College.

Name:	[] Male	[] Female
<i>Family</i>	<i>Given</i>	<i>Middle</i>
Date of Birth:	Place of Birth:	
<i>Month</i>	<i>Day</i>	<i>Year</i>
Country of Legal Permanent Residence:	<i>City</i>	<i>Country</i>
Position Title in Home Country:		Country of Citizenship:
Name of Employer/Institution in Home Country:		
Intended Length of Stay:		
From:	To:	
Passport Number:	Issue Date:	
Country of Issue:	Expiration Date:	

FINANCIAL SUPPORT: A visitor must demonstrate access to at least \$1000/month for living expenses. Additional funds (\$300/month) for the first dependent plus \$100/month for each additional dependent) must be documented for any accompanying family members. Before we can prepare a DS-2019 Form, we must have evidence that the amount of available funds meets the above requirements. Documentation must be attached to this Data Sheet and may be in the form of an invitation letter from the Hampshire College, an award letter from your own institution or an outside agency, a bank statement showing personal funds in U.S. dollars, or any combination of these funding sources. Please indicate the amounts and sources of support below:

FUNDING SOURCE	AMOUNT	PER MONTH
-HAMPSHIRE COLLEGE (including grants	\$	
-VISITORS HOME GOVERNMENT	\$	
-OTHER AGENCY OR HOME INSTITUTION (specify)	\$	
-PERSONAL FUNDS	\$	
TOTAL AVAILABLE FUNDS FOR TIME PERIOD INDICATED ABOVE:	\$	

MAILING ADDRESS IN HOME COUNTRY:

Street:
Apartment/P.O. Box:
City:
State/Province:
Country:

ACCOMPANYING FAMILY MEMBERS: Complete the following for dependents (spouse/children) who will accompany the visitor to the U.S. *Remember to document additional funding.*

NAME	Date of birth	City & Country of birth	Country of Citizenship	Relationship to Scholar

HEALTH INSURANCE REQUIREMENTS: It is *MANDATORY* that all J visa holders have Health insurance, which meets the U.S. government’s guidelines for minimum coverage:

- ✓ The policy must provide at least \$50,000 in coverage for each accident or illness.
- ✓ In the event of death, the policy must provide at least \$7,500 in benefits to send the remains to the home country.
- ✓ The policy must pay up to \$10,000 for travel expenses if-because of a serious illness or injury and on the advice of a doctor-the individual must return home.
- ✓ The policy may require you to pay a part of the cost of your own medical treatment, but the deductible may not be greater than \$500 per accident or illness and the co-payment may not be greater than 25%.
- ✓ The policy may include a waiting period for pre-existing conditions as long as the waiting period is reasonable by industry standards.
- ✓ The policy may not unreasonably exclude coverage for perils inherent to the activities of the individual’s program in the U.S.
- ✓ The policy must meet minimum rating requirements as set by the U.S. Information Agency or it must be backed by the full faith and credit of the individual’s home government.

❖ Hampshire College has a supplemental Health Insurance provider available.

I have read and understood the Health Insurance requirements and hereby certify that I will arrange for Health Insurance for myself and any family members who will accompany me to the U.S., unless Health Insurance coverage by Hampshire College is explicitly stated in my contract from the College. I understand that failure to do so jeopardizes my visa status.

Visitor’s Printed Name

Visitor’s Signature

Date

UNITED STATES VISA HISTORY:

Are you currently in the U.S.? Yes _____ No _____

*If yes, please indicate current immigration status:

Attach photocopies of ALL immigration documents including Form I-94 and any DS-2019 Forms, EAD card, etc.

	I will be leaving the U.S. and returning before I begin my appointment at Hampshire College.
	I am requesting a program transfer or extension of my current immigration status.
	I am requesting a change of immigration status.

Have you been present in the United States in any J visa category for all or part of the preceding two years? Yes____ No____

*If yes, list entry and departure dates:	From:	To:

PLEASE NOTE:

- ❖ The United States Department of State (DoS) administers the J-1 Exchange Visitor Program. Hampshire College is designated by the DoS as a program sponsor, and must follow its guidelines closely.
- ❖ Exchange visitors are limited by government regulations to employment and affiliation at Hampshire College only. Occasional lectures and consultations may be allowed in limited circumstances with advance authorization from the GEO.
- ❖ There are statutory limits for the total length of stay in the U.S. for professors, researchers, and scholars. The normal length of stay for Professors and Research Scholars is a minimum of 3 weeks and a maximum of 42 months with possibility of extension (information regarding the extension process is available in the GEO). Change of visa sponsorship or university does not change this limit.
- ❖ A prospective scholar who has been in the United States in J-1 or J-2 status for all or part of the two year period immediately preceding the desired start date of the appointment is not eligible for sponsorship for a new J-1 program in the Research Scholar or Professor categories. There is an exception to this two year bar if the scholar was previously in the U.S., in the Short-Term category, or if the scholar's presence in the U.S. was of less than six months duration.
- ❖ **IMPORTANT: It is the responsibility of the scholar to maintain his/her J-1 status. The scholar must obtain a signature from the GEO before traveling abroad. The scholar can only remain in the U.S. as long as the DS-2019 Length of Program, indicates. Any extensions must be requested by the department and submitted to the GEO.**

X _____
Visitor's Signature *Date*

Current Mailing Address (if different from other side): _____

Telephone: _____ Fax: _____ Email: _____