Step 1: The hosting department/program should send an email to BSOR (Bryan School Office of Research) requesting the appointment of a visiting scholar, detailing what work they will do and how it fits the department’s mission, their office space and computing needs. BSOR will contact the Dean for approval and if obtained, will inform the hosting department/program including arrangements for office space.

The remaining steps assume that such approval has been granted by the Dean for inviting visiting scholar.

Step 2: Hosting department/program must submit to BSOR a request package consisting of the following documents:

1. A letter to the Dean requesting the visiting scholar appointment, indicating whether the appointment is paid or unpaid and including the sponsoring faculty member’s name – see sample memo attached.

2. If the visiting scholar will be paid by the University, a confirmation that the position is EPA and a position number has been assigned. If not, contact the Provost’s Office to create the position. Paid positions require additional documentation as outlined on the Provost’s HR website: [http://provost.uncg.edu/Academic/EPA_Personnel/forms/](http://provost.uncg.edu/Academic/EPA_Personnel/forms/).

3. A completed “Visiting Scholar DS-2019 Data Form”.
   (a) Part A (Department Request and Verification)” is filled out by department.
   (b) Part B (Visiting Scholar Profile)” has to be filled out by the visiting scholar.

4. A completed and signed PD-7 “Personal Action Form”. The form may be downloaded from [http://provost.uncg.edu/epa/forms](http://provost.uncg.edu/epa/forms).

5. A completed EPA “Certification” form (may be downloaded from [http://provost.uncg.edu/epa/forms](http://provost.uncg.edu/epa/forms)) and official academic transcripts from all post-secondary education institutions attended. The visiting scholar needs to fill out the form and supply the department with these transcripts.

6. A completed “Phone Verification of Credentials” form documenting this verification process occurred since this is required by the Provost’s Office for a visiting scholar appointment ([http://provost.uncg.edu/epa/forms](http://provost.uncg.edu/epa/forms)).

7. A completed and signed “Insurance Attestation Form”. This needs to be filled out and signed by the visiting scholar.

8. A completed and sign the “EPA Background Check Authorization Form” on the Provost’s website at [http://provost.uncg.edu/epa/forms](http://provost.uncg.edu/epa/forms). The visiting scholar needs to fill out this form and supply it to the department.

9. A copy of the scholar’s biographical page of the passport, to be supplied by the visiting scholar.

10. A copy of the scholar’s curriculum vitae (CV) or resume to be supplied by the visiting scholar.
11. **Proof of financial support** (i.e. letter from the sponsoring department stating the amount available from the department; or letter from the home institution verifying financial support of the scholar for sabbatical leave; or a letter from the home government verifying financial sponsorship; or verification of personal financial support; or a combination thereof). Appropriate levels of financial proof are outlined on the overview page “Overview of Important Information for Inviting an International Scholar to UNCG.” To be supplied by the visiting scholar to the hosting department/program.

**Step 3:** BSOR will submit the Dean’s request for appointment and related documents to the Provost’s Office and the Visiting Scholar DS-2019 Data Form and related documents, along with a letter of invitation from the Bryan School, to IPC. The letter of invitation from the Bryan School must instruct the visiting scholar to contact the Bryan School Office of Research when the scholar reports for work at UNCG.

(a) IPC will finish the remaining paperwork necessary for the visiting scholar to obtain the J-1 visa.

(b) IPC should inform BSOR and hosting department when J-1 visa is issued and the arrival plans of the visiting scholar. Upon learning this, BSOR will contact the visiting scholar to set up the first appointment and inform the hosting department/program of the same.

(c) IPC will also assist the department in coordinating with the scholar with respect to his/her housing needs.

(d) BSOR will work with facilities to make arrangements for keys and with IT Support for computing needs.

**Step 4:** After greeting the visiting scholar upon arrival for work at UNCG, Bryan School Office of research will direct them to IPC (for their orientation) and the hosting department/program.

**Step 5.** Hosting department/program will do the following:

(a) In coordination with BSOR, show the visiting scholar to their office space and set them up with respect to their computing needs.

(b) Have the visiting scholar fill out the “Personal Data Sheet for Scholars” form.

(c) Make copies of “Post-Employment Personnel Data Form PD-7a”

(d) Give copies of (b) and (c) to IPC and BSOR.

**Step 6.** The hosting department/program will supervise the scholar while his/her stay in the U.S.

**Step 7.** At the termination and or departure of the scholar from the University, BSOR will confirm this with the hosting department and inform IPC.
J-1 Scholar Data Form - Part A  Department Request and Verification

(When completed, forward Parts A and B to the International Programs Center)

Department inviting J-1 Scholar

<table>
<thead>
<tr>
<th>J-1 Scholar's Family Name</th>
<th>First Name</th>
<th>Middle Name</th>
</tr>
</thead>
</table>

Dates of Appointment at UNCG: from_________ to_________

(MM/DD/YYYY)  (MM/DD/YYYY)

(Maximum of 5 years - funds must be reasonably assured)

Please check:  □ Begin a New Program  □ Extend current status  □ Transfer to UNCG

Please check:  □ Research Scholar  □ Short-term Scholar (up to 6 months)
  □ Professor  □ Specialist

Site of academic activity: ____________________________________________

Name of dept/organization  Address

University of North Carolina Greensboro Title:________________________________________

Specify Academic Field:___________________________________________________________

During the period covered by this request, financial support (in US $) will be provided to the J-1 Scholar by (check all that apply):
A. □ University of North Carolina Greensboro............................................... $____________

UNCG □ has □ has not received funding for international exchange from one or more US government agencies to support this Exchange Visitor. This does not apply to federal grants awarded to UNCG, unless the grant is specifically for international exchange.

B. □ U.S. Government Agency: ___________________________ $____________
C. □ International Organization: ___________________________ $____________
D. □ The Exchange Visitor’s Government $____________
E. □ The Binational Commission in the E.V’s Country $____________
F. □ Other organization(s) providing support: ___________________________ $____________
G. □ Personal Funds $____________

I certify that the department will notify the International Programs Center (IPC) if the J-1 Scholar will not arrive within 30 days of the begin date above, send the scholar to IPC upon arrival, and notify IPC when the J-1 Scholar completes his/her program.

__________________________________________  __________________________________________  __________________________
Name of Faculty/Staff Sponsor  Faculty/Staff Sponsor Signature  Date

__________________________________________  __________________________
E-Mail  Phone

__________________________________________  __________________________________________  __________________________
Department Contact’s Name  E-Mail  Phone

Attach: □ Part B of J-1 Scholar Data Form  □ Proof of financial support, if non UNCG  □ Insurance attestation
□ C.V. or resume  □ copy of ID page(s) of passport (including dependents, if any)
### J-1 Scholar Request Form - Part B

**Scholar Profile**

<table>
<thead>
<tr>
<th>Department inviting J-1 Scholar</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Family Name from passport</th>
<th>First Name from passport</th>
<th>Middle Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender:</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Birth (MM/DD/YY)</th>
<th>City of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Country of birth</th>
<th>Country of Citizenship</th>
<th>Country of Legal Residence</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Highest Degree Earned</th>
<th>Field of Study/Specialty</th>
<th>Position in Home Country</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Current Institution/Employer in Home Country</th>
<th>Type (univ., private co., local gov’t)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

List all previous periods of J status (attach a separate sheet if necessary and include copies of all Forms DS-2019):

<table>
<thead>
<tr>
<th>Program Sponsor</th>
<th>Start Date</th>
<th>End Date</th>
<th>J Category</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Will Your DS-2019 visa document be issued by UNCG or another agency (e.g. Fulbright)? __________________________

**Dependent Data**: If your dependents (spouse and unmarried children under age 21) will come to the US in J-2 status, you must provide evidence of sufficient financial support prior to the issuance of the Form(s) DS-2019 ($350 per month per dependent). List below dependents who will come to the US in J-2 status:
<table>
<thead>
<tr>
<th>Dependent 1</th>
<th>Dependent 2</th>
<th>Dependent 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationship to J-1</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>(wife, son, etc)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>First Name</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Middle Name</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Last Name</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Birth Date</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>(Month/Date/Year)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Birth City</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Birth Country</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Citizenship City and Country</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Permanent Residence Country</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Please list additional dependents on separate page)

US Department of State regulations require that all J Scholars, have health and accident insurance meeting specific requirements during their J program in the US. If you or your dependents do not have insurance at the time of arrival, you must purchase an insurance policy upon arrival.

I certify that the information provided is true and accurate to the best of my knowledge.

__________________________________________  _________________
Signature of J-1 Scholar                      Date

Mailing Address: ____________________________  _________________
                                   E-mail address
__________________________________________  _________________
                                   Phone Number

Forward to Inviting Department:

☐ This form    ☐ Proof of financial support, if non UNCG  ☐ C.V. or resume

☐ Insurance attestation  ☐ copy of biographical page(s) of passport for you and dependents
INTERNATIONAL PROGRAMS CENTER

INSURANCE REQUIREMENT ATTESTATION FORM

THIS FORM MUST BE COMPLETED, SIGNED AND RETURNED TO INTERNATIONAL STUDENT & SCHOLAR SERVICES OFFICE. THIS FORM MUST BE COMPLETED AGAIN BEFORE A NEW DS-2019 CAN BE ISSUED FOR EXTENSION OF STAY OR A DEPENDENT.

Mandatory Insurance Requirement Information

The following information regarding insurance must be read, signed, and returned to this office to process a request for issuance of Form DS-2019.

Insurance Requirement: Under the regulations of the United States Department of State effective September 1, 1994 all individuals who receive a Form DS-2019 (J-1 visa document) and enter the U.S. in J-1 exchange visitor status will be required to have medical insurance to cover themselves and any accompanying J-2 dependents for the duration of their programs. The insurance coverage must provide the following minimum coverage:

- Medical benefits of at least $50,000 per accident or illness;
- Repatriation of remains: $7,500;
- Medical Evacuation: $10,000;
- Deductible of $500 or less per accident or illness;
- Co-insurance paid by J-1 not to exceed 25% of covered benefits per accident or illness.

The company providing the insurance must have:
- an A.M. Best rating of “A-” or above;
- an Insurance Solvency International, Ltd. (ISI) rating of “A-1” or above;
- a Standard & Poor’s Claims-paying Ability rating of “A-” or above;
- a Weiss Research, Inc., rating of B+ or above; or
- be backed by the full faith and credit of the exchange visitor’s home country.

Failure to comply with this requirement will result in the termination of the exchange visitor’s program!

I understand that as a J-1/J-2 visa holder, I am required to maintain health insurance with the minimum coverage as specified above for myself and any accompanying dependents. I hereby affirm that I have, or will have by the time I begin my visit at the University North Carolina Greensboro, the stated insurance for the effective period of all valid forms DS-2019 issued to me.

(Exchange Visitor Signature) ____________________________ (Date)

(Exchange Visitor Name) ____________________________ (Date of Birth)

(Address) ____________________________ (E-mail Address)
SAMPLE MEMO TO REQUEST A VISITING SCHOLAR APPOINTMENT

FROM THE DEAN

Date: [Today’s Date]  
To: [Dean]  
From: [Department Chair and/or Faculty Sponsor]  
RE: Request for Appointment of Visiting Scholar

Paragraph I – Basic Information

The [Department Name] requests a [type of appointment: postdoctoral researcher, associate professor, etc.] for [name of visiting scholar], [title of visiting scholar in home country and name of home country institution]. The duration of [visiting scholar]’s visit will be from [appointment begin date] to [appointment end date].

Paragraph II – Purpose of Visit

[Visiting scholar] will be collaborating with [faculty sponsor] on the following project: [brief description of the project]

Paragraph III – Financial Sponsorship (for Paid Position)

The [department and/or faculty sponsor] has secured sufficient funds to support [list what the department will be providing: salary, living expenses, etc.]. The sources of these funds are as follows: [list the sources, such as grants, etc.]. Other funding which will be used to meet the minimum amount for inviting an international scholar as required by the International Programs Center comes from [list other sources, such as personal funding, private funding, salary from home institution, etc.].

OR

Paragraph III – Scholar’s Financial Ability (for Unpaid Position)

The [visiting scholar] has confirmed sufficient funds to support her/his living expenses for the duration of the program as required by the International Programs Center. The sources of these funds are as follows: [list the sources, such as home institutional funds, personal funds, etc.].

Paragraph IV – Conclusion

Thank you for considering this request. If you should have any questions, please contact [Dean, Chair and/or faculty sponsor]

[Signatures]
SAMPLE MEMO TO REQUEST A VISITING SCHOLAR APPOINTMENT
FROM THE PROVOST’S OFFICE

Date:  [Today’s Date]
To:      Provost Perrin
From:  [Dean]
RE:   Request for Appointment of Visiting Scholar

Paragraph I – Basic Information
The [Department Name] requests a [type of appointment: postdoctoral researcher, associate professor, etc.] for [name of visiting scholar], [title of visiting scholar in home country and name of home country institution]. The duration of [visiting scholar] visit will be from [appointment begin date] to [appointment end date].

Paragraph II – Purpose of Visit
[Visiting scholar] will be collaborating with [faculty sponsor] on the following project: [brief description of the project]

Paragraph III – Financial Sponsorship (for Paid Position)
The [department and/or faculty sponsor] has secured sufficient funds to support [list what the department will be providing: salary, living expenses, etc.]. The sources of these funds are as follows: [list the sources, such as grants, etc.]. Other funding which will be used to meet the minimum amount for inviting an international scholar as required by the International Programs Center comes from [list other sources, such as personal funding, private funding, salary from home institution, etc.].

OR

Paragraph III – Scholar’s Financial Ability (for Unpaid Position)
The [visiting scholar] has confirmed sufficient funds to support her/his living expenses for the duration of the program as required by the International Programs Center. The sources of these funds are as follows: [list the sources, such as home institutional funds, personal funds, etc.].

Paragraph IV - Conclusion
Thank you for considering this request. If you should have any questions, please contact [Dean, Chair and/or faculty sponsor]

[Signatures]

Revised 5/1/08