

Visiting Scholar/Visiting Professor Approval Process

Requests to host visiting scholars or professors normally originate with department chair. In some cases foreign scholars may initiate a request to become a visiting scholar through the office of International Affairs. Any such request will be delivered to the appropriate Dean who will, if it is deemed worthy of consideration, forward the request to the appropriate department for consideration.

Requirements and Procedures

The Visiting Scholar/Professor shall:

1. Submit a copy of his or her vitae
2. Submit a copy of his or her research proposal [if applicable]
3. Complete SEVIS data form [attached]
4. Submit appropriate financial statements from home University
5. Provide a copy of passport
6. Send verification of level of English language competency

The Department Chair shall:

1. Determine the suitability of the proposed research plan and the ability of the University to provide necessary scholarly support.
2. Insure the visiting scholar's home University support.
3. Complete Visiting Scholar/Professor Request Form [attached].
4. Request support from Troy University which may include office space, housing, and/or other.
5. Prepare a letter of invitation to the Visiting Scholar or Visiting Professor which clearly delineates all obligations of Troy University as well as any expectations made by Troy University for such things as guest lectures, class presentations, or similar activities.
6. If the request is for a Visiting Professor, the Department Chair will follow normal hiring practices with the additional requirement of insuring adequate English language proficiency for classroom instruction.
7. When all documents have been gathered and the package is complete it should be forwarded the appropriate Dean.

The Dean of the appropriate College shall review, make recommendation and forward the package to the Associate Vice Chancellor of International Affairs.

Office of the Associate Vice Chancellor for International Affairs (AVCIA) shall:

Upon receipt of approved Visiting Scholar/Professor Request form, accompanied by copies of the Visiting Scholar/Professor's vitae, passport, SEVIS data form, invitation letter, and, if appropriate, faculty contract:

1. Ascertain that the applicant has sufficient personal or other funds.
2. Determine that all legal conditions have been met and notify the Dean of the appropriate College.
3. Issue DS-2019 form.
4. Send invitation.

The Department Chair shall select a faculty partner for the Visiting Scholar/Professor who will provide initial support and sustained mentorship.

Office of International Affairs

301B Adams Administration Building, Troy University, Troy, AL 36082 USA
Phone: 1-334-670-3534 Fax: 1-334-670-3770 cporter@troy.edu

Visiting Scholar/Visiting Professor Approval Summary Form

Exchange Visitor (EV) Applicant Name	First	Last
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Period Of Proposed Temporary Stay	Beginning Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)
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Institutional Affiliation

Academic Area

Brief Summary of proposed research and activities at Troy University: <ul style="list-style-type: none"> Research [for Visiting Scholar] Teaching [for Visiting Professor] List of Courses Visiting Professor could teach Lecture Topics to be given at Troy University Lecture Topics appropriate for a community audience Special skills (i.e.: Fine & Performing Arts, Cooking, Calligraphy) Other / may attach letter of explanation

Troy University obligations and responsibilities

Home University responsibilities

Approvals

Department Chair	Date	Associate Vice Chancellor, International Affairs	Date
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Dean	Date	Senior Vice Chancellor, Academic Affairs	Date
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Chancellor	Date
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Upon approval by the Chancellor, this form is to be forwarded to the
 Office of the Associate Vice Chancellor for International Affairs.
 It must be accompanied by a letter of invitation to the visitor from the Dean of the College.

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TROY UNIVERSITY DS-2019 EXCHANGE VISITOR DATA SHEET

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TO BE COMPLETED BY THE EXCHANGE VISITOR (EV)

Pg. 1-Contact information, Pg. 2-EV Data Sheet, Pg3- EV Dependant/ Insurance Sheet, Pg.4 Sample only insurance enrollment sheet

Exchange Visitor Applicant Name	_____	_____
	First	Last
	_____	_____
	Email	
Troy University Host Faculty Member	_____	_____
	Name	Phone
	_____	_____
	Email	Department

EXCHANGE VISITOR CATEGORY REQUESTED: RESEARCH SCHOLAR PROFESSOR

EXCHANGE VISITOR CONTACT INFORMATION

Name (as it appears on passport)	_____		
Institutional Affiliation	_____		
Home Country Address	_____		_____
	Address	City	
	_____		_____
	Country/State	Zip/ Postal Code	
Telephone:	_____		
	Fax:	_____	
Business email:	_____		
	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 USA. All exchange visitors must report in to the Associate Vice Chancellor for International Affairs (AVCIA) within five business days of entry into the United States. Failure to do so may result in termination of your program.

If you are unable to arrive on or prior to your planned program start date, please notify the Center for International Programs of your new/updated planned arrival date so that they may defer your arrival with the US DHS immigration system.

*NOTE: If you do not notify TROY of your planned arrival or arrive after your planned program start date you may be turned away at the US port of entry due to a cancelled record. We can defer your arrival date *as long as it is approved by your hosting faculty.**

TROY UNIVERSITY EXCHANGE VISITOR DATA SHEET B

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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 17th 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:

- 1. **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 an other 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 two (2) year bar applies. Exchange Visitors may be additionally subject to 212(e) as part of their participation in the Exchange Visitor program.

- 2. **OTHER IMMIGRATION STATUS OPTIONS:** available for collaboration (Please CHECK with AVCIA if you wish to explore any other options):

US DOS EV Categories:

- a. H-1b Temporary Worker: Maximum 6 years, authorized in three year increments, depending on the nature of the activity in the US.
- b. B1 for Business is a valid option. However one may NOT study or work under this category.

EXCHANGE VISITOR SIGNATURE: (please CHECK (✓) the boxes below and sign as appropriate)

I have read and understand the above information: Yes No and I still wish to request a DS-2019 for

RESEARCH SCHOLAR or PROFESSOR

**VISITNG
SCHOLAR
NAME**

Please type

Signature

Date of Birth

Date

TROY UNIVERSITY EXCHANGE VISITOR DATA SHEET C

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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 appears on PASSPORT (attach copy of Passport) AND PERSONAL INFORMATION	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-bottom: 1px solid black;">Last</td> <td style="width: 33%; border-bottom: 1px solid black;">First</td> <td style="width: 33%; border-bottom: 1px solid black;">Middle</td> </tr> <tr> <td colspan="3" style="padding-top: 5px;"> Gender: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> _____ </td> </tr> <tr> <td colspan="3" style="padding-top: 5px; text-align: right;"> Birthdate (mm/dd/yyyy) _____ </td> </tr> <tr> <td style="border-bottom: 1px solid black;">City of Birth</td> <td colspan="2" style="border-bottom: 1px solid black;">Country of Birth</td> </tr> </table>	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	
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
Position Held in Country of Residency	Highest Earned Degree or Equivalent
Business Email	Personal Email

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 dependants.)

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 _____

Dependants may not enter the US prior to the Visiting Scholar / Professor who holds J-1 status and may not remain in the US following departure of the J-1 holder.

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 of one month). Fulltime employees may be eligible for Troy University health plan; however, all will be enrolled in an emergency assistance rider program by AVCIA.

NO EXCEPTIOINS 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 AVCIA.*

FINANCIAL SUPPORT: ALL EVP participants must demonstrate sufficient financial support (check with sponsoring department and AVCIA).

- 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 visa Exchange Visitor 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 in the US? 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 U.S. DOS regulations and Troy University policies and regulations.

Please type name

Signature

Date

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TROY UNIVERSITY EXCHANGE VISITOR DATA SHEET

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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 appears on PASSPORT (attach copy of Passport) AND PERSONAL INFORMATION	Last First Middle
	Gender: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
	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, please provide the data requested below.

ACCOMPANYING DEPENDANTS

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)	\$1,034.00
EV & Dependant Spouse (J-2)	\$5,059.20
EV & Dependant & children (J-2)	\$2,772.00
EV & Dependant Spouse (J-2) & Dependant children (J-2)	\$6,850.80

Please contact Center of International Programs (CIP) 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

TROY UNIVERSITY EXCHANGE VISITOR DATA SHEET

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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 policies 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 special 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 plans 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.

EXCHANGE VISITOR SIGNATURE: (please CHECK (✓) the boxes below and sign as appropriate)

I have read and understand the above information and policy

**VISITING
SCHOLAR
NAME**

Please type

Signature

Date of Birth

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.

APPROVED BY ACADEMIC STEERING COMMITTEE, AUGUST 21, 2007 (Revised March 4, 2014)

OPR: DR. CURT PORTER

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