International Student and Scholar Services 1226 TAMU College Station, TX 77843 phone: 979-845-1824



Department Questionnaire for J-1 Exchange Visitor Scholar

The purpose of the J-1 Exchange Visitor Program is to **increase the mutual understanding** between the people of the United States and the people of other countries by means of educational and cultural exchanges. Professors and research scholars may be sponsored as exchange visitors if the program in which they will be participating furthers the objectives of 22 CFR §62.20 (b):

- -Foster the exchange of ideas and stimulate international collaborative teaching and research efforts
- -Engage in teaching, lecturing and research with their American colleagues
- -Participate in cross-cultural activities with Americans
- -Share with their fellow citizens their experience and increased knowledge about the US and their substantive fields

Exchange Visitors are **expected to return home** after they have concluded the program. The EV classification is not intended for permanent employment (tenure, tenure-track, or similar positions in research). This should be stated on your letter of invitation to the Exchange Visitor. If you intend to employ the Exchange Visitor in a permanent capacity the H-1B category must be pursued.

| Texas A&M University System | Is the exchange visitor an employee? |
|--|---|
| Member Hosting Department | Yes No |
| Name and email of PI | Pl's Phone Number: |
| Departmental Contact | |
| Contact's Email Address | Contact's Phone Number |
| Name of Exchange Visitor | Position and Title: |
| Address of Activity | |
| Note: Programs in Veterinary Medicine, Nursing, D contact by participants <u>are excluded from the Excl</u> Is your Exchange Visitor's program non-clinical in r | |
| Start Date of Visit | End Date of Visit |
| Will you be physically present during the anticipate *If your plans change, do not leave your visitor unsukind of leave for more than 2 weeks. | ed dates of your Exchange Visitor's stay? |
| Please explain how this visit benefits your research | h and the University at large. |
| | |
| | |

Page 1 of 2 3/2022

| Indicate all sources and amounts of fina | ancial support for you | ır Exchange Visit | or's stay. | | |
|---|---|---|--|--------------------------------|--|
| Source | | | Amount | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Who is providing health insurance for you | ır Exchange Visitor? [| | | | |
| If your Exchange Visitor is not eligible to reprovider for himself/herself and all J-2 depresult in termination of the program and plan options. | pendents for the entire | duration of the p | rogram. Failure to ma | intain insurance coverage will | |
| Who is paying the \$350 J-1 Fee for the Exchange Visitor? | Department: through an IDT Account #: | | | | |
| for the Exchange visitor: | Evehango V | through Flywire Exchange Visitor | | | |
| | Exchange v | risitoi | | | |
| | | | | | |
| Responsibili | ties of Department Ho | ead and Faculty I | lost for Exchange Visi | itors: | |
| Ensure that the exchange visitor is performentation to the exchange visitor's activity Provide a 24-hour emergency point of coprior to the visitor's arrival to the US. Arrange for all immigration documenta Create a place in the department for the Arrange for airport pick-up and assistan Introduce visitor to the department, col | and progress. contact in your departn tion through ISS and e e visitor (office and labore uce with settling in (hou | ment to the visitor nsure the visitor c oratory space, acc using, transportati | and International Stud hecks in with ISSS upor ess to computing, libra | lent and Scholar Services | |
| My signature below attests to the following | ng: | | | | |
| 1. Texas A&M University is sponsoring the offer, tenure-track or similar position in reconclusion of the program, and; | | | | | |
| 2. This program is suitable to the exchang | e visitor's background | and experience. | | | |
| 3. I have read, understood and agree to co | omply with the above r | esponsibilities to | host an Exchange Visito | or. | |
| | | | | | |
| | | | | | |
| Signature of Faculty Host/Contact | | Date | | | |
| | | | | | |
| Signature of Department Head/Director | | Date | | | |
| - | | | | | |

Page 2 of 2 3/2022