INTERNATIONAL VISITING SCHOLAR (IVS) APPLICATION

IS THIS APPLICATION RIGHT FOR YOU?
If you are interested in spending a semester or two at Gallaudet University as a non-degree seeking student, consider applying as an International Special Student (ISS). For information and application instructions, please go to ISS Application.

Please note that the application is for the following categories only:
Research Scholar/Professor | Short Term Scholar | Specialist | Student Intern

MISSION STATEMENT

Gallaudet University
Gallaudet University, federally chartered in 1864, is a bilingual, diverse, multicultural institution of higher education that ensures the intellectual and professional advancement of deaf and hard of hearing individuals through American Sign Language and English. Gallaudet prepares its graduates for career opportunities in a highly competitive, technological, and rapidly changing world.

Office of International Affairs (OIA)
OIA strives to fulfill Gallaudet University’s mission to create a “Global Gallaudet” that positively impacts the quality of life for the full spectrum of Deaf identities worldwide.

Contact Information
OIA
- intlsupport@gallaudet.edu (Email)
- https://gallaudet.zoom.us/my/bmutisyanzyuko (by appointment only)
APPLICATION INFORMATION AND CHECKLIST

APPLICATION DOCUMENTS
Listed below are items that need to be completed for admission to the IVS program at Gallaudet University. Your application cannot be reviewed until we receive all of these items.

- Completed IVS Application Form
- Application Processing Fee ($200, nonrefundable)
- Curriculum Vitae
- Goals Statement - Complete both questions on a separate paper, if necessary
- Official Identification (copy of national passport)
- Financial Sources Form (please see further instructions under the Documentation of Financial Sources subheading)
- Certification of Finances (please see further instructions under the Certification of Finances subheading)

APPLICATION/CREDENTIALS DEADLINES
Applications must be received by April 1 for the fall semester (August - December) and October 1 for the spring semester (January - May).

PLEASE NOTE: The application, application fee, and all supporting credentials must be submitted by the dates specified. Only complete applications will be reviewed. A certified, literal English translation must accompany original documents if they are not in English.

Please read the instructions on the following pages carefully and complete all necessary steps.

APPLICATION AND ADMISSION FEE
The $200 application fee (nonrefundable) is payable by check (cheque), international money order, or credit card through our secure online payment, Paynet. Checks must be drawn from a bank in the U.S. and show the mailing address. The check should be made payable to Gallaudet University, and the amount must be in U.S. dollars. After the application has been processed, evaluated, and accepted, an additional $200 admission fee will be assessed. To pay fees online (the fastest method), please request payment instructions by sending an email to intlsupport@gallaudet.edu.

FOIA ENGLISH LANGUAGE PROFICIENCY
The IVS program requires applicants to be proficient in the English language.

OFFICIAL IDENTIFICATION
Due to federal regulations, international applicants are required to provide a copy of their passport. Please make a copy of the biometrics page in your passport (the page that contains your picture and date of birth).

CURRICULUM VITAE
Please enclose your Curriculum Vitae (CV) with the application.
**FINANCIAL AID/SCHOLARSHIPS**
Financial aid and scholarship opportunities are not available from Gallaudet University. Be sure you have adequate financial resources for the duration of the program.

**HOUSING**
Once your application is complete and you are accepted to the program, you will be expected to find your own housing. On-campus housing may not be available.

**FINANCIAL STATEMENT**
In order to obtain the immigration document needed to apply for a visa, you need to complete and submit the Certification of Finances Form documenting proof of adequate financial resources for your stay at Gallaudet University. Financial documents indicating value in U.S. dollars (U.S. $) must be less than four months old and include the date they were prepared. The purpose of the Certification of Finances Form is to help Gallaudet University obtain complete and accurate information about the funds available for your stay. The U.S. Department of State (DOS) and the Department of Homeland Security (DHS) regulations require all international applicants or admitted students to provide evidence of adequate financial support for their studies in the country. You are required to submit both the complete Certification of Finances Form and original, official documents that show you have sufficient funds.

**VISA ELIGIBILITY**
Once your application has been reviewed and you are accepted into the IVS program, Gallaudet will send you a DS-2019, which you will need to apply for a visa.

**VISA INFORMATION**
Please allow sufficient time – four to six months – to apply for admission to the IVS program, receive your immigration documents, and apply for a visa at a U.S. Embassy in your country. You will be required to pay a Student and Exchange Visitor Information System (SEVIS) fee. Proof of SEVIS fee payment must be submitted at the visa interview. More information is available at: www.ice.gov/sevis/i901.

If you are already an Exchange Visitor, present in the U.S., and wish to transfer your J Exchange Visitor Program to Gallaudet University, please contact the Gallaudet University Responsible Officer for additional information at intlsupport@gallaudet.edu.

**HEALTH INSURANCE**
If your application is accepted and you are admitted to the program, visa regulations require you to have medical insurance coverage for yourself and accompanying family members (if any) during the period of your stay in the U.S. You must provide evidence of coverage to OIA on the day of your arrival to Gallaudet University. The minimum coverage you purchase at home (must have a claim address in the U.S.) or here in the U.S., should be as follows [22 CFR 62.14]:
- Medical benefits of at least $100,000 per accident or illness
- Repatriation of remains in the amount of $25,000
- Expenses associated with the medical evacuation of the exchange visitor to his or her home country in the amount of $50,000
- A deductible not to exceed $500 per accident or illness.

**BIOGRAPHICAL INFORMATION**

Make a copy for your records. Return all forms to Gallaudet University, Office of International Affairs, Building 103, Washington, DC 20002-3695. U.S.A.
Email: intlsupport@gallaudet.edu

Page 3 of 11
Applying for:  □ Research Scholar/Professor  □ Short Term Scholar  □ Specialist  □ Student Intern

Please write as printed on your birth certificate and/or passport)

□ Mr.  □ Ms.  □ Mrs.  □ Other __________________________________________________________

Last Name (surname or family name): ___________________________________________________________________

First Name (given name): ________________________________________________________________________________

Middle Name (other names): ____________________________________________________________________________

Date of Birth:  Month ______  Day ______  Year ______  City of Birth ________________________________

Country of Birth: _____________________ Country of Citizenship: ____________________________________________

I am currently:  □ Student  □ Faculty/Staff/Researcher  □ Government Employee

Your employer/organization/college: _____________________________________________________________________

**CURRENT MAILING ADDRESS**

Street/P.O. Box/Apartment Number: _______________________________________________________________________

City: ____________________________________ State/Province: __________________________________________

Zip/Post Code: ____________________ Country: _______________________________________________________

Telephone: *(Country code and number)* ____________________________  □ Video Phone  □ Voice

Zoom ID: ___________________________ Email: ___________________________________________________________

Please use my mailing address until: _________________________________________________________________

*(after this date, all correspondence will be sent to your permanent address)*

**PERMANENT ADDRESS**

Street/P.O. Box/Apartment Number: _______________________________________________________________________

City: ____________________________________ State/Province: __________________________________________

Zip/Post Code: ____________________ Country: _______________________________________________________

Telephone: *(Country code and number)* ____________________________  □ Video Phone  □ Voice

Zoom ID: ___________________________ Email: ___________________________________________________________
EMERGENCY CONTACT INFORMATION

PRIMARY/MAIN EMERGENCY CONTACTS

1. Full Name: ___________________________________________________________________________
   Last name First name Middle name

   Street/P.O. Box/Apartment Number: _______________________________________________________

   City: ____________________________________ State/Province: _____________________________

   Zip/Post Code: ____________________ Country: __________________________________________

   Telephone: (Country code and number) ___________________________ ○ Video Phone ○ Voice

   Zoom ID: __________________________ Email: _______________________________

SECONDARY EMERGENCY CONTACTS

2. Full Name: ___________________________________________________________________________
   Last name First name Middle name

   Street/P.O. Box/Apartment Number: _______________________________________________________

   City: ____________________________________ State/Province: _____________________________

   Zip/Post Code: ____________________ Country: __________________________________________

   Telephone: (Country code and number) ___________________________ ○ Video Phone ○ Voice

   Zoom ID: __________________________ Email: _______________________________

STATEMENT OF GOALS

Instructions: We have limited visiting research spaces at Gallaudet University. Your answers to the following questions will help us learn more about you. Please answer all questions completely, using additional paper, if necessary.

Essay Question One: Write a brief description of your educational background or include your curriculum vitae.

Essay Question Two: Provide an abstract of your study description (use a separate page, if necessary).

Make a copy for your records. Return all forms to Gallaudet University, Office of International Affairs, Building 103, Washington, DC 20002-3695 U.S.A.
Email: intlsupport@gallaudet.edu
Essay Question Three: Have you identified a faculty or staff member on campus you would like to work with? If yes, please provide their name: _____________________________________________

APPLICANT CERTIFICATION
I understand that falsifying or withholding information in completing this application may result in the cancellation of my admission to the IVS Program and/or registration. I certify that the information provided in this application is true and correct to the best of my knowledge.

Name (please print in block letters): ________________________________________________________________

Signature: ________________________________ Date: ________________________________

APPLICATION PAYMENT
A nonrefundable $200 application fee is required and will not be waived. Submit your application and then request information on how to pay the application fee. Applications without the fee payment will be considered inactive and not be processed. In addition, if you are accepted into the IVS program, you will be required to pay an additional $200 acceptance fee.

CERTIFICATION OF FINANCES
Please Type or Print Clearly - This information will be used for your DS-2019

<table>
<thead>
<tr>
<th>Estimated cost of participation</th>
</tr>
</thead>
<tbody>
<tr>
<td>The average Exchange Visitor expense budget includes:</td>
</tr>
<tr>
<td>Tuition: Some IVS participants choose to take a course at Gallaudet.</td>
</tr>
<tr>
<td>The tuition estimate provided here is per credit.</td>
</tr>
<tr>
<td>Room (estimate/per month)</td>
</tr>
<tr>
<td>Board (estimate/per month)</td>
</tr>
<tr>
<td>Books/Supplies/Printing (estimate/per semester)</td>
</tr>
<tr>
<td>Personal Expenses (estimate/per semester)</td>
</tr>
<tr>
<td>Health Insurance (annual estimate)</td>
</tr>
</tbody>
</table>
Applicant Information

Full Legal Name:
Last Name (Family Name): __________________________________________

First Name (Given Name): ___________________________________________

Middle Name: _____________________________________________________

Gender:  □ Female  □ Male  □ Other _______________________________________

Date of Birth: Month ________ Day ________ Year ________
City of Birth: __________________________

Country of Birth: ___________________________ Country of Citizenship: _____________________

Mailing Address:
Street/P.O. Box/Apartment Number: _____________________________________________________
City: ____________________________________ State/Province: _____________________________
Zip/Post Code: ____________________ Country: __________________________________________
Telephone: (Country code and number) ____________________________  □ Video Phone  □ Voice
Zoom ID: ___________________________ Email: _______________________________

Start Date Of Program: Month ___ Day ___ Year ________

End Date Of Program: Month ___ Day ___ Year ________

The U.S. Department of Homeland Security, Citizenship and Immigration Services regulations require all Exchange Visitor (J-1) applicants to provide evidence of adequate financial support before they may obtain a visa. To demonstrate adequate financial support, you must complete and send this form and original, official documents that show you have sufficient funds or scholarship money available to pay for at least the fixed/estimated costs for the duration of your program. All Exchange Visitors are required by regulations to have medical insurance. You are advised to purchase the medical insurance in your country (if applicable) before arriving to begin your program.

Due to time constraints, allow at least four to six months prior to the start of your program for processing your Exchange Visitor documents and visa.

Documentation of Financial Support: Listed below are the sources of support you can use to demonstrate adequate financial support. The total amount of funds shown in these support documents should be adequate to cover all of your expenses during the entire stay of your participation in the program. You must obtain two original, official copies of each support document. Attach one copy of each document to this Certification of Finances Form and send it to the Office of International Affairs at Gallaudet University. Once your documents are received and approved, OIA will send you a completed Certification of Eligibility for Exchange Visitor (J-1) status, Form DS-2019. You will take the Form DS-2019

Make a copy for your records. Return all forms to Gallaudet University, Office of International Affairs, Building 103, Washington, DC 20002-3695. U.S.A.
Email: intlsupport@gallaudet.edu

Page 7 of 11
AND your second official copy of the support documents to the American Embassy or Consulate to apply for your Exchange Visitor (J-1) visa.

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount Available</th>
<th>Required Documents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scholar’s Own Funds</td>
<td>$</td>
<td>1. Attach bank statement for checking, savings, and/or accessible accounts</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Attach certificates of deposits, mutual funds, stocks, or bonds.</td>
</tr>
<tr>
<td>Support Available from Family/Friends</td>
<td>$</td>
<td>1. Attach sponsors affidavit of annual cash support</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Attach bank statement for checking and/or savings</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Attach certificates of deposits, mutual funds, stocks, or bonds.</td>
</tr>
<tr>
<td>Support Available from Sponsors</td>
<td>$</td>
<td>1. Attach sponsors affidavit of annual cash support</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Attach official letter from sponsor’s employer showing annual earnings</td>
</tr>
<tr>
<td>Your Government/Embassy</td>
<td>$</td>
<td>1. Attach official letter</td>
</tr>
<tr>
<td>Charitable Organizations/School Scholarship</td>
<td>$</td>
<td>1. Attach official letter</td>
</tr>
</tbody>
</table>

**Applicant Certification**

I hereby certify that the total amount of funds that I have available for the duration of my stay in the program is $___________________ (U.S. Dollars). Further, I certify that the information I am providing is correct and complete, and that I will notify Gallaudet University of any changes in my financial circumstances. I understand that any misrepresentation may be cause for refusing or revoking admission. I understand that if I am a tourist and/or beneficiary of a visa waiver program (such as ESTAS) without the Exchange Visitor (J-1) visa and/or Form DS-2019, I cannot participate in Gallaudet’s IVS program.

__________________________________________________         ______________________________________
Signature                                                                 Date (Month/Day/Year)
HOSTING SCHOOL J-1 SCHOLAR REQUEST

The hosting school at Gallaudet should complete or have the scholar complete pages 3-8, while the following section, pages 9-11, is to be completed by the hosting school only. Ensure all appropriate signatures have been obtained. Forward completed forms to OIA with all required attachments listed on page 2.

<table>
<thead>
<tr>
<th>Information about the hosting School</th>
</tr>
</thead>
<tbody>
<tr>
<td>Host School Name</td>
</tr>
<tr>
<td>J-1 Scholar Position/Title</td>
</tr>
<tr>
<td>Host School Director</td>
</tr>
<tr>
<td>Host Faculty</td>
</tr>
<tr>
<td>Professor/Supervisor/Mentor</td>
</tr>
<tr>
<td>Host School Zoom ID</td>
</tr>
<tr>
<td>Host School Email</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Information on Mandatory Insurance Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check one:</td>
</tr>
<tr>
<td>○ This individual will be eligible for participation in the insurance plans offered by Gallaudet University to its employees.</td>
</tr>
<tr>
<td>○ This individual will not be covered by the Gallaudet University health plans. Instead they will obtain insurance independently.</td>
</tr>
</tbody>
</table>

Program participants and their dependents are required to have medical insurance coverage with the following minimum benefits [22 CFR 62.14].

- Medical benefits of at least $100,000 per accident or illness.
- Repatriation of remains in the amount of $25,000.
- Expenses associated with the medical evacuation of the exchange visitor to his or her home country in the amount of $50,000.
- A deductible not to exceed $500 per accident or illness.

<table>
<thead>
<tr>
<th>English Language Ability/Academic Qualifications</th>
</tr>
</thead>
<tbody>
<tr>
<td>J-1 regulations require that OIA obtain an objective measurement of the prospective J-1 scholar’s proficiency in the English language and/or American Sign Language, sufficient to participate in his or her program and to function on a day-to-day basis.</td>
</tr>
</tbody>
</table>

**Required Host Professor Certification:**
I certify that the J-1 scholar has sufficient academic qualifications and English language and/or American Sign Language proficiency to participate fully in this J-1 program and function in the U.S. on a day-to-day basis. I have verified this through:
- Scholar has taken a test that demonstrates English language proficiency.
- In-person/Telephone/Zoom/Other video conference interview date: ____________________
  Name/Title of interviewer: ______________________________
- Scholar has obtained a degree from an educational institution in the U.S. or another English speaking country.
- I have a prior working relationship and have collaborated/worked with this scholar for ______________________________ (period of time), and evaluated their English language proficiency on ______________________________ (date).

## School Attestation

In compliance with federal regulations governing the J-1 Exchange Visitor Program, we certify that, to the best of our knowledge, the information contained in this request form is true and accurate. Furthermore, we certify:

1. That the individual’s program of research/teaching is consistent with their professional background and experience; and
2. That they have sufficient proficiency in the English language to participate fully in the program and function on a daily basis in the U.S.

As the University sponsor of the scholar, we agree that we will:

1. Ensure that the scholar attends orientation at OIA within 30 days of the start date of the DS-2019;
2. Ensure that the scholar’s activities at Gallaudet are consistent with the objectives listed on their DS-2019;
3. Monitor the progress and welfare of the scholar, providing any assistance/advice needed to facilitate successful completion of the program;
4. Ensure that the scholar obtains and maintains a health insurance policy for themself and their dependents for the duration of their J-1 program;
5. Notify the OIA of any changes in the scholar’s program, including employment or payment not listed on the scholar’s DS-2019; and
6. Notify OIA in writing when the scholar has completed or withdrawn from the program prior to the ending date on their DS-2019.

Further, we acknowledge that the scholar cannot be a candidate for a tenure track position. We understand that they can, however, occupy a position temporarily, even if the position is normally tenured or tenure-track; for example, as a visiting professor in a position held by a tenured professor who is on sabbatical.

If this J-1 request is submitted for a foreign medical graduate, the program meets the following requirements:

1. The program is predominantly involved with observation, consultation, teaching, or research;
2. Any incidental patient contact will be under the direct supervision of a U.S.-licensed faculty member;
3. The foreign medical graduate will not be given final responsibility and decision-making on diagnosis and treatment of patients;
4) Any activities of the foreign medical graduate will conform to District of Columbia or state regulations or licensing requirements for medical health care professions in the District of Columbia or state in which the foreign medical graduate is pursuing the program; and
5) Any experience gained in this program will not be creditable towards any clinical requirements for medical specialty board certification.

<table>
<thead>
<tr>
<th>Required Signatures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Host School Director</td>
</tr>
<tr>
<td>Host School Faculty Supervisor/Professor/Mentor</td>
</tr>
<tr>
<td>ISSS Manager</td>
</tr>
<tr>
<td>Dean of Faculty</td>
</tr>
</tbody>
</table>

Return the completed form and support documents to: Gallaudet University
Office of International Affairs
Building 103
800 Florida Avenue NE,
Washington DC 20002-3695 UNITED STATES
intlsupport@gallaudet.edu

Gallaudet University is an equal opportunity employer/educational institution and does not discriminate on the basis of race, color, sex, national origin, religion, age, hearing status, disability, covered veteran status, marital status, personal appearance, sexual orientation, family responsibilities, matriculation, political affiliation, source of income, place of business or residence, pregnancy, childbirth, or any other unlawful basis.