



UNIVERSITY of NEW HAMPSHIRE

Office of International Students & Scholars

UNH DEPARTMENT APPLICATION TO SPONSOR AN EXCHANGE VISITOR

This form is to be completed by the UNH department and returned to the International Scholar and Student Advisor (phone: 862-0086; fax: 862-0844; oiss@unh.edu; www.unh.edu/oiss; OISS, Thompson Hall G15, 105 Main Street, Durham, NH 03824) no later than 90 days prior to the anticipated arrival date of the international scholar. Be sure to attach all requested documentation to the application form.

UNH Department Name/Address \_\_\_\_\_

Name and Title of Person to Whom Scholar Will Report \_\_\_\_\_

Phone \_\_\_\_\_ e-mail \_\_\_\_\_ Fax \_\_\_\_\_

Exchange Visitor's Name \_\_\_\_\_  
Family (Caps) First Middle

Date of Birth \_\_\_\_\_ Sex M \_\_\_\_\_ F \_\_\_\_\_ Marital Status \_\_\_\_\_  
(Mo/Day/Year)

Place of Birth (City) \_\_\_\_\_ (Country) \_\_\_\_\_

Citizenship \_\_\_\_\_ Country of Legal Residency \_\_\_\_\_

Permanent Foreign Address \_\_\_\_\_  
\_\_\_\_\_

Current Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Visitor's Activity at UNH: (Check only one) Short-Term Scholar \_\_\_\_\_ Visiting Professor \_\_\_\_\_ Research Scholar \_\_\_\_\_ Lecturer \_\_\_\_\_ Specialist \_\_\_\_\_ Other (explain) \_\_\_\_\_

Provide a brief, non-technical description of the visitor's proposed duties at UNH, including the area of concentration and the location where he/she will work:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Provide a brief outline of the visitors academic credentials and professional experience (attach copy of C.V.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Occupation in home country (if student, indicate undergraduate or graduate) \_\_\_\_\_

Amount of Compensation Being Offered by UNH \_\_\_\_\_ per \_\_\_\_\_

Anticipated Dates of Appointment at UNH: From \_\_\_\_\_ To \_\_\_\_\_  
(Mo/Day/Year) (Mo/Day/Year)

Has the visitor been affiliated with UNH in the past? \_\_\_\_\_ If yes, please provide the details of the affiliation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If the visitor is already in the U.S., provide the following information:

Current immigration status \_\_\_\_\_ Expiration Date \_\_\_\_\_

**Please Note:** Federal regulations prohibit an Exchange Visitor Program Sponsor from issuing a DS-2019 to an individual who has been physically present in the U.S. in J-1 visa status for six months or more of the twelve month period immediately preceding the start date of the new program, unless the individual is being transferred from another program sponsor as permitted under federal regulation.

Provide the dates of the Visitor's current and/or last exchange program. From \_\_\_\_\_ to \_\_\_\_\_  
(Mo/Day/Yr) (Mo/Day/Year)

If the visitor is currently on an Exchange Visitor Program, provide the name, address and phone number of the Program Sponsor: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have sufficient information to ensure that the prospective exchange visitor has adequate English language skills with which to perform the duties required by your department and to make a successful cultural adjustment to the campus and the larger community? Yes \_\_\_\_\_ No \_\_\_\_\_

Comments \_\_\_\_\_  
\_\_\_\_\_

**Please check all that apply. This is a:**

- \_\_\_\_\_ faculty appointment covered by AAUP bargaining
- \_\_\_\_\_ faculty appointment not covered by AAUP bargaining
- \_\_\_\_\_ PAT position (provide position title)
- \_\_\_\_\_ permanently budgeted position
- \_\_\_\_\_ grant funded position. Indicate funding source \_\_\_\_\_

**Has this particular individual been directly named in the grant application?**

**Yes \_\_\_\_\_ no \_\_\_\_\_ If yes, provide a copy of the grant.**

- \_\_\_\_\_ benefits eligible position
- \_\_\_\_\_ full-time position
- \_\_\_\_\_ part-time position. Number of hours per week
- \_\_\_\_\_ other, please explain \_\_\_\_\_

**Financial Support:** Program sponsors are required to verify that the exchange visitor will have adequate financial support for him/herself and accompanying family members for the duration of the program.

Complete the information below in detail. **Please use U.S. dollar amounts and specify all U.S. Government Agencies and/or organizations contributing funding.**

<b>Source:</b>	<b>US Dollar Amount</b>	<b>Agency/Institution</b>
UNH	_____	
Personal Funds	_____	
U.S. Government Agency	_____	_____
International Organization(s)	_____	_____
Visitor's Home Government	_____	_____
Visitor's Home University	_____	_____
Other (Specify)	_____	_____

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**All Exchange Visitors are required to secure and maintain medical insurance coverage for themselves and accompanying family members for the duration of the program. Program sponsors are required to verify and monitor this coverage. Complete and sign the following:**

***I understand that medical insurance coverage is mandatory for the exchange visitor and any accompanying family members for the duration of the visitor's participation in the program at UNH. I hereby verify that I have notified the exchange visitor of this requirement. Further, I understand that if the visitor does not provide proof of adequate insurance coverage, he/she will be dismissed from the exchange visitor program and will be required to depart the United States immediately.***

**Name and Title of Individual Completing this Form**\_\_\_\_\_

**Signature**\_\_\_\_\_ **Date**\_\_\_\_\_