



LEHMAN
COLLEGE

International Student & Scholar Office (ISSO)
250 Bedford Park Boulevard West | Shuster Hall, Room 210
Bronx, NY 10468 | USA

The J-1 Visa | Exchange Visitor Program | Overview

The Exchange Visitor Program (EVP) is administered by the U.S. Department of State (DOS) to promote educational, cultural and professional exchanges between Americans and their international counterparts. Lehman College of the City University of New York is an Exchange Visitor Program Sponsor, authorized by DOS to certify international student, scholar, and academic and administrative department participation in the Program.

The International Student & Scholar Office (ISSO), J-1 Responsible Officer (RO) and Alternate Responsible Officer (ARO) provide J-1 visa/status advice, and required forms for exchange visitors to obtain the J-1 visa and non-immigrant status for the purpose of studying, teaching, conducting research or engaging in educational and cultural enrichment programs at the College.

To qualify for the Lehman EVP, applicants must:

1. Be in one of the following J-1 University/ College

EXCHANGE VISITOR CATAGORIES:

- Professor and Research Scholar - affiliated with foreign teaching and research institutions
 - Short-Term Scholar – Professor, research scholar or other educators who lecture, observe, consult train or use a specific area of expertise during a short period of time at the College
 - Student - Non-degree (includes exchange partnerships), Bachelor, Masters, Ph.D.
 - Student Intern (for students enrolled at foreign institution, that require an internship)
2. Be invited by a faculty or administrative [department host](#), or participating in an [exchange program](#) between Lehman and the foreign institution in which they are enrolled, working or affiliated with
 3. Receive a significant amount of funding from foreign government, university/college, or organization
 4. Submit the [DS 2019](#) application form to the International Student and Scholar Office for approval
 5. Obtain the DS 2019, J-1 visa and J-1 status
 6. Maintain mandatory Exchange Visitor [health Insurance](#) throughout the duration of stay in U.S.

The success of your EVP at Lehman is important to us. Please review the [Lehman College website](#) in general, the [ISSO website](#) in particular, especially the J-1 sections; and the [essential links](#); maintain communications with your department host, and the Lehman J-1 RO and ARO, isso.shuster@lehman.cuny.edu , if you have questions.

Let's get started.



J-1 Exchange Visitor - DS-2019 Request Form

Exchange Visitor Alert! (For those planning to participate as "Professors or Research Scholars")

Visitor is not eligible for J STATUS under the following circumstances:

1. If he/she had completed a previous J program (e.g. Specialist or Student) which lasted more than 6 months and now requesting a J status as a RESEARCH SCHOLAR or PROFESSOR to start a NEW PROGRAM, there must be a 12-month gap between the end date of the previous J1/J2 program and starting date of the new J program.
2. If he/she had completed a previous J program in the U.S as A PROFESSOR or RESEARCH SCHOLAR, he/she is subject to 24-MONTH BAR (gap) TO START A NEW J PROGRAM as A PROFESSOR or RESEARCH SCHOLAR.
3. If he/she had applied for an "H" class VISA or U.S. PERMANENT RESIDENT STATUS (green card).
4. If he/she had applied for a Waiver of the Two-Year Home Residence Rule and RECEIVED APPROVAL notification from the State Department or the U.S. Citizenship and Immigration Service (USCIS).
5. If the STUDENT/NON-DEGREE STUDENT is fully supported by PERSONAL FUNDS & FAMILY FUNDS.
6. If the position is TENURE TRACK.

Have you been in J visa/immigration status for more than 6 of the last 12 months?

- ☐ Yes (If "yes," copies of previous DS-2019s are required)
- ☐ No

1. Purpose of DS-2019

- ☐ Begin New Program or change visa to J-1
- ☐ Transfer of J-1 visa to Lehman College from another U.S. Institution (attach copy of last DS-2019)
- ☐ Extend Current Program

2. Exchange Visitor Primary Activity

- ☐ **Professor:** Teach, lecture, observe or consult at the college. Research permitted.
12/24-month bar rules apply. 3-week minimum stay and a 5-year maximum stay.
- ☐ **Research Scholar:** Research, observe or consult in connection with a research project. Teaching and lecturing are also allowed.
12/24-month bar rules apply. 3-week minimum stay and a 5-year maximum stay.
- ☐ **Short-term Scholar:** Research, teach, observe, consult for a period of one day to 6 months. No extensions permitted beyond six months.
- ☐ **Student:** ☐ INTERN | ☐ Non-Degree (includes exchange partnerships) | ☐ Bachelor's Degree | ☐ Master's Degree
☐ Ph.D. Degree (Academic major: _____)

Provide brief description of the duties expected to perform and events/activities will be involved with:

Location(s) of duties and activities:

Contact person on location:

Phone number:

Email:

The Exchange Visitor will:

- ☐ Not be accompanied by dependents during his/her stay
☐ Be accompanied by _____dependents upon arrival
☐ Come alone and later be joined by _____dependents

Period of Visit/Appointment Date: (month/day/year) **From:**

To:

Position in Home Country:

3. Exchange Visitor (EV) Biographical Information

Last Name:

First Name:

Gender: ☐ Male | ☐ Female

Date of Birth:

(month/day/year)

Married: ☐ Yes | ☐ No

City of Birth:

Country of Birth:

Country (ies) of Citizenship:

Country of Permanent Residence:

Email:

Primary Phone Number:

Permanent Address Outside U.S.

Street Address:

Room #:

City:

State/Province:

Postal Code:

Country:

U.S. Address

Street Address:

Room #:

City:

State/Province:

Postal Code:

Country:

*****Attach a copy of your passport number; include passport cover and all pages that indicate name, date and country of birth, photo, control number, expiration date, and U.S. visa stamp(s)*****

4. Dependent(s) Information

List accompanying dependents who do not hold U.S. passports; copy of dependent passport required.

Last, First Name (as appears on passport):

Relationship (Spouse/Child):

Date of Birth (MM/DD/YYYY):

City of Birth:

Country of Birth:

Country(ies) of Citizenship:

Country of Permanent Residence:

Email:

Phone Number:

Last, First Name (as appears on passport):

Relationship (Spouse/Child):

Date of Birth (MM/DD/YYYY):

City of Birth:

Country of Birth:

Country (ies) of Citizenship:

Country of Permanent Residence:

Email:

Phone Number:

Last, First Name (as appears on passport):		Relationship (Spouse/Child):	Date of Birth (MM/DD/YYYY):
<input type="text"/>		<input type="text"/>	<input type="text"/>
City of Birth:	Country of Birth:	Country (ies) of Citizenship:	Country of Permanent Residence:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email:		Phone Number:	
<input type="text"/>		<input type="text"/>	

5. Sponsoring Department

Exchange visitor's host name:	<input type="text"/>	Position:	<input type="text"/>
Department or office:	<input type="text"/>	Division:	<input type="text"/>
Email:	<input type="text"/>	Work Phone:	<input type="text"/>
		Cellphone:	<input type="text"/>
Host's signature:	<input type="text"/>		

Attach visitor invitation letter. Email; isso.shuster@lehman.cuny. For more details on hosting an exchange visitor

DEPARTMENT CHAIR

Name:	<input type="text"/>
Signature:	<input type="text"/>
Date:	<input type="text"/>

PROVOST

Name:	<input type="text"/>
Signature:	<input type="text"/>
Date:	<input type="text"/>

6. FINANCIAL SUPPORT

J-1s may receive financial support from their home government, educational institution; Lehman College, CUNY and affiliates; outside organizations and personal funding.

Tuition:

With Lehman College, CUNY -Exchange Partner Agreement:

- Non-degree and degree undergraduate and graduate students pay in accordance with terms of exchange agreement

Without Lehman College-Exchange Partner Agreement:

- Non-resident non-degree student tuition rates:
<http://www.lehman.edu/administration/business-office/bursar-office/tuition-and-fees.php>;
- Non- degree undergraduate students -\$580 per credit; minimum of 12 credits- \$6, 960 + \$240 in fees= \$7,200 per semester; \$14,400 per academic year
- Non-degree graduate students - \$940 per credit, minimum of 12 credits- \$11, 280 + \$240 in fees* = \$11,520 per semester; \$23,040 per academic year
* Graduate non-resident nursing students add \$90 per credit for Academic Excellence fee

Living Expenses for J-1 Exchange (Researchers Professors & Short-term Scholars) & J-2 Dependents

- \$32,000/ calendar year(12 months); \$ 2,700 per month
- Spouse \$7,200 /year ; \$600/ month
- Child (under 21) \$4,800/year per child; \$400/ month per child

Living Expenses for J-1 Exchange Students

- \$27,326/academic year (9 months); \$13,663 (per semester)

Funding Source - Amount provided throughout period of stay. Specify in US dollars	Amount Per Calendar Year (12 months)	Monthly Amount	Amount Per Academic Year (9 months)	Amount Per Semester	Total Amount
University/College/Department/Affiliates budget, grant, etc. (attach financial documentation)					
Exchange Visitor's Government (attach financial document) Name of the agency: _____					
Other organizations/institutions in the U.S. or abroad (attach financial document) Name(s): _____					
Personal funds (attach copy of bank statement in English)					
Family/Friend Sponsored Support Attach document showing address, phone # and email; bank statement, and proof of income, e.g. tax return, paycheck stub, or employer letter on company letterhead, including title, salary & number years worked <i>*If living with a family/friend sponsor, proof of his/her income and address only [e.g. NY driver's license/state identification]; a bank statement is not required in this case.)</i> Name: _____ Relationship: _____ Address: _____ Phone: _____ Email: _____ <div style="text-align: right;"> Amount For: Housing Only \$ _____ Amount For: All Living Expenses \$ _____ </div>					

Return the completed form and requested attachments to: Attention, J-1 RO/ARO, isso.shuster@lehman.cuny.edu

7. J-1 EXCHANGE VISITOR HEALTH INSURANCE REQUIREMENTS

U.S. DEPT. of STATE REGULATION:

As an Exchange Visitor in the United States, J-1 and J-2 (dependents) are required to carry health insurance for the full duration of the student's J program. Government regulations stipulate that if J-1 and J-2 exchange visitors willfully fail to carry health insurance, the J-1 sponsor must terminate their program, and report the termination to the United States Department of State (DOS) in Washington.

REQUIRED J-1 INSURANCE SPECIFICATIONS:

The J-1 and J-2 status holders are required to carry the following type and amounts of coverage:

Minimum coverage must provide:

- (1) Medical benefits of at least \$100,000 per accident or illness;
- (2) Repatriation of remains in the amount of \$25,000;
- (3) Expenses associated with the medical evacuation of exchange visitors to his or her home country in the amount of \$50,000; and
- (4) Deductibles not to exceed \$500 per accident or illness.

(c) Insurance policies secured to fulfill the requirements of this section:

- (1) May require a waiting period for pre-existing conditions that is reasonable as determined by current industry standards;
- (2) May include provisions for co-insurance under the terms of which the exchange visitor may be required to pay up to 25% of the covered benefits per accident or illness; and
- (3) Must not unreasonably exclude coverage for perils inherent to the activities of the exchange program in which the exchange visitor participates.

(d) Any policy, plan, or contract secured to fill the above requirements must, at a minimum, be:

- (1) Underwritten by an insurance corporation having an A.M. Best rating of "A-" or above; a McGraw Hill Financial/Standard & Poor's Claims-paying Ability rating of "A-" or above; a Weiss Research, Inc. rating of "B + " or above; a Fitch Ratings, Inc. rating of "A-" or above; a Moody's Investor Services rating of "A3" or above; or such other rating as the Department of State may from time to time specify; **or**
- (2) **Backed by the full faith and credit of the government of the exchange visitor's home country;** or
- (3) Part of a health benefits program offered on a group basis to employees or enrolled students by a designated sponsor; **or**
- (4) Offered through or underwritten by a federally qualified Health Maintenance Organization or eligible Competitive Medical Plan as determined by the Centers for Medicare and Medicaid Services of the U.S. Department of Health and Human Services.

(e) Federal, state or local government agencies; state colleges and universities; and public community colleges may, if permitted by law, self-insure any or all of the above-required insurance coverage.

(f) At the request of a non-governmental sponsor of an exchange visitor program, and upon a showing that such sponsor has funds readily available and under its control sufficient to meet the requirements of this section, the Department of State may permit the sponsor to self-insure or to accept full financial responsibility for such requirements.

(g) The Department of State may, in its sole discretion, condition its approval of self-insurance or the acceptance of full financial responsibility by the non-governmental sponsor by requiring such sponsor to secure a payment bond in favor of the Department of State guaranteeing the sponsor's obligations hereunder.

(h) Accompanying spouses and dependents are required to be covered by insurance in the amounts set forth in paragraph (b) of this section. Sponsors must inform exchange visitors of this requirement, in writing, in advance of the exchange visitor's arrival in the United States.

(i) Exchange visitors who willfully fail to maintain the insurance coverage set forth above while a participant in an exchange visitor program or who make material misrepresentations to the sponsor concerning such coverage will be deemed to be in violation of these regulations and will be subject to termination as an exchange visitor.

(j) Sponsors must terminate an exchange visitor's participation in their program if the sponsor determines that the exchange visitor or any accompanying spouse or dependent willfully fails to remain in compliance with this section.

Important Note: Keep in mind that the requirements above meet the minimum specifications. Therefore, you may elect to have more coverage.

Penalties

J-1 students who willfully fail to maintain J-1 health insurance, misrepresent their insurance coverage or fail to maintain coverage for their dependents are considered in violation of status. Consequently, the college is required to terminate the student's J-1 Program in SEVIS [22 CFR 62.14(h)(i)] and 62.78]. Students who lose their status due to non-compliance with health insurance requirements cannot reinstatement their J-1 status [62.45(f) (1)]. Once a status has been terminated, J-1 privileges are no longer available and the student and dependents must leave the U.S. To prevent a violation of status due to health insurance as well as in other areas, J-1 students should maintain on-going contact and conduct regular discussions regarding their responsibilities with their college's J-1 Responsible Officer.

Health Insurance Companies

[Compass Benefits Group](#)

[HTH Worldwide Insurance Services](#)

[ISO – Student Health Insurance](#)

[The Harbour Group, LLC](#)

[Gateway WorldMed](#)

LEHMAN COLLEGE/CUNY does not endorse any particular health insurance provider for international students.

Return the completed form and requested attachments to: Attention, J-1 RO/ARO, isso.shuster@lehman.cuny.edu

8. EXCHANGE VISITORS STATEMENT OF HEALTH INSURANCE COMPLIANCE

I _____, have reviewed the J-1/J-2 health insurance requirements above and
(Exchange Visitor's Name)

agree that I am in compliance with the insurance regulations as specified in section 514.14 of the Exchange Visitor regulations, and I understand that it is my responsibility to maintain my status and continue my medical insurance coverage for myself and my J-2 dependents throughout my J-1 program.

I have listed the name(s) of the J-1/J-2 insurance plans in which I and my dependents are enrolled and also attached copies of the membership application(s) of all insurance plans in which I and my dependents are enrolled.

Name of medical insurance plan(s):

- | | | |
|----|----------------------|-----------|
| 1. | <input type="text"/> | Self |
| 2. | <input type="text"/> | Dependent |
| 3. | <input type="text"/> | Dependent |

(Signature)

(Date)

Return the completed form and attachments to Phyllis Proctor, J-1 Responsible Officer (RO) – phyllis.proctor@lehman.cuny.edu