REQUEST FOR SPONSORING OF AN EXCHANGE VISITOR

Please provide the information requested below for the issuance of the DS 2019 Form. This form should be submitted to the International Office. Please submit the request at least three months prior to the visitor's expected arrival date.

THE PURPOSE OF THIS FORM IS TO: ( ) Begin a new program ( ) Extension of same program ( ) Transfer from another program

Name of sponsor_____ Campus phone _____

Photocopy of the letter of invitation to the visitor is attached ( ) Yes ( )No

VISITOR INFORMATION

Visitor's Prospective Academic Activity:
Student____ Short-term Scholar____ Professor____
Visitor's level of education_____; Visitor's occupation and place of employment in their country_____
Employer is ( ) Private ( ) Government

( ) Male ( ) Female DOB_ _____/_____/_____
Month Day Year
Please Print: (Name should be exactly as name in passport)

_____/_____
Family Name First Name

_____ _____
Middle Name City of Birth

_____ _____
Country of Birth Country of Legal Permanent Residence

ACTIVITY INFORMATION

Proposed length of stay at Bluegrass Community and Technical College:
From_____/_____/_____ To:_____/_____/_____
Month Day Year Month Day Year
Describe the proposed specific academic activity:

_____

_____

_____

FUNDING INFORMATION

Exchange visitors are required to show a minimum of $1,000 per month for living expenses. There is an additional $300 per month for each family member.

All financial documents must be current at the time of application in order to be considered valid. Appropriate documents reflecting financial ability include one of the following:

- Bank statement, stamped or signed by a bank official
- Affidavit of support, submitted by sponsor and accompanied by financial verification
- Scholarship letter from sponsoring organization outlining dates and terms of scholarship
- Letter from employer stating earning for period of requested stay

Indicate below the source(s) of funding and an estimate of the amount of money the visitor will receive during the length of the program as will be indicated on the Form DS 2019. Include in the estimate any benefits such as room, board, tuition, etc. Please attach supporting documents which confirm all sources of funding for the visitor's proposed length of stay.

____ Bluegrass Community & Technical College $_____
____ U.S. Government Agency $_____
____International Organization $_____
____The Exchange Visitor's Government $_____
____All other organizations providing support $_____
____Personal Funds $_____

Please attach supporting documents which confirm all sources of funding for the visitor's proposed length of stay.

HEALTH INSURANCE

Please be advised that Federal regulations governing the Exchange Visitor Program require that all exchange visitors must have health/accidental insurance coverage which includes repatriation costs for remains and dismemberment coverage during their stay in the United States. Under the regulations, Bluegrass Community & Technical College is not required to pay for the insurance coverage, but must ensure that the visitor and all accompanying dependents have coverage which is valid in the United States. The exchange visitor will be able to purchase such insurance in the Bluegrass Community & Technical College International Student Services Office upon arrival. **Kindly attach documentation to confirm that the visitor was informed of this Federal regulation. It is suggested this information be in the cover letter to the visitor.**

Please indicate who will be responsible for the health insurance payments:
_____sponsoring department _____exchange visitor

STATUS

Is the exchange visitor currently in the U.S. ____Yes ____No

If yes is checked above, indicate nonimmigrant status (i.e. J-1, F-1, H-1, B-1, etc.)

If presently in the U.S. as a J-1 Exchange Visitor, please attach a legible photocopy of all previous DS-20190 Forms, passport bio page, J-1 visa page and Form I-94. If the exchange visitor is sponsored by another J-1 exchange visitor program please indicate the name

If the participant is presently outside of the U.S. and has previously been in J status, indicate the termination date, sponsor, and category.

FAMILY

Please be advised that dependents are only the spouse and unmarried minor children under 21 years of age of the J-1 exchange visitor. Other family members are not eligible for J-2 visa status.
If family will be accompanying exchange visitor, complete the following:

Family Name First Name Relationship DOB City & Country of Birth

1._____

2._____

3._____

4._____

5._____