

J-1 NON-DEGREE STUDENT DS-2019 REQUEST

MICHIGAN STATE
UNIVERSITY

OFFICE FOR INTERNATIONAL STUDENTS AND SCHOLARS
Phone: 517.353.1720 | Fax: 517.355.4657
E-mail: oiss@msu.edu | Web: www.oiss.msu.edu

- ✓ **Initial review time for J-1 Student requests is 10-15 business days.**
- ✓ **Initial requests MUST be received a minimum of 8 weeks prior to the anticipated arrival date.**
- ✓ **Export Control Worksheet must be prepared for any non-degree students with a Program Plan. The ECW must be submitted to MSU Export office on or before the DS-2019 request submission date.**

STUDENT CATEGORY USED IN THIS FORM:

NON-DEGREE STUDENT – An individual who is pursuing a full course of study in accordance with a written MSU exchange agreement OR is registered for at least 1 credit and engaged in at least 18 hours of academic activities.

SUPPORTING DOCUMENTS THAT MUST ACCOMPANY THIS FORM:

- COPY OF PASSPORT (IDENTITY PAGE ONLY) Please include passport copies for all dependents
- PROOF OF ENGLISH PROFICIENCY (see p. 5)
- PROGRAM PLAN (see p. 6 – only for students who will NOT be enrolled on full-time basis in every semester)
- PROOF OF FUNDS (see below)

Proof of funds must be on letterhead or stamped, signed, dated and no older than 6 months. It also has to be in English OR provided in its original form with a third party translation that includes the ‘Certification by Translator’ found below.

The following example must be reproduced on a separate document:

Certification by Translator

I [typed name], certify that I am fluent (conversant) in the English and _____ languages, and that the above/attached document is an accurate translation of the document attached entitled _____.

Signature _____

Date _____

Typed Name _____

Address _____

FUNDING REQUIREMENTS FOR 2017-2018:

MINIMUM FUNDING REQUIREMENTS FOR ISSUANCE OF DS-2019				
** Amounts listed may change	Tuition & fees	Living expenses	Insurance	TOTAL
NON-DEGREE (LIFELONG ED)				
Undergraduate (12 cr) 1 semester	\$10,743	\$7,446	\$1,013	\$19,202
Undergraduate (12 cr) 2 semesters	\$21,486	\$14,892	\$2,026	\$38,404
Graduate (9cr) 1 semester	\$8,058	\$7,665	\$1,013	\$16,736
Graduate (9 cr) 2 semesters	\$16,115	\$15,330	\$2,026	\$33,471

ADDITIONAL EXPENSES FOR DEPENDENTS:

Spouse (wife/husband)	\$5,000 per year
Each Child under 21	\$3,000 per year (per child)

INSURANCE REQUIREMENTS:

Federal Regulations require that all J-1 and J-2 visa holders carry health insurance at all times. All MSU international students are automatically enrolled into the Blue Care Network health insurance. When students register for classes, the insurance premium costs are added to their Student Accounts along with their tuition bills. Students may qualify for a refund of the Blue Care Network premium if their own insurance policy meets both MSU waiver criteria and J visa requirements. For more information about MSU waiver criteria, please visit: <http://oiss.isp.msu.edu/students/health/>.

THIS SECTION TO BE COMPLETED BY THE STUDENT:

PURPOSE OF THIS FORM (check the appropriate box):

- INITIAL REQUEST
- TRANSFER TO MSU FROM A U.S. INSTITUTION

Name of U.S. Institution Transferring From:	Transfer In Date: ____/____/____
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Name must be exactly as it appears on the Passport

Surname:	Given Name(s):
PID #: A	
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: ____/____/____ (mm/dd/yyyy)
City of birth:	Country of birth:
Country of Citizenship:	Country of legal permanent residence*:
Last position in home country: <input type="checkbox"/> Student <input type="checkbox"/> Employee	
<i>If student, specify:</i> <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate	
<i>If employee, specify:</i> Job title: Employer (name of organization):	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married	Children: <input type="checkbox"/> Yes <input type="checkbox"/> No
Current Mailing Address:	E-mail:

Family members who will accompany the student:

SPOUSE:

Surname:	Given Name(s):
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: ____/____/____
City of Birth:	Country of Birth:
Country of Citizenship:	Country of Legal Permanent Residence*:
Email:	

CHILD #1:

Surname:	Given Name(s):
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: ____/____/____
City of Birth:	Country of Birth:
Country of Citizenship:	Country of Legal Permanent Residence*:
Email:	

If you have more family members who will accompany you, please add their information on p. 3

***If country of Legal Permanent Residence is different from country of citizenship, please provide proof**

ADDITIONAL DEPENDENT(S) INFORMATION:**Family members who will accompany the visitor:****CHILD #2:**

Surname:	Given Name(s):
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: ____/____/____
City of Birth:	Country of Birth:
Country of Citizenship:	Country of Legal Permanent Residence*:
Email:	

CHILD #3:

Surname:	Given Name(s):
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: ____/____/____
City of Birth:	Country of Birth:
Country of Citizenship:	Country of Legal Permanent Residence*:
Email:	

CHILD #4:

Surname:	Given Name(s):
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: ____/____/____
City of Birth:	Country of Birth:
Country of Citizenship:	Country of Legal Permanent Residence*:
Email:	

CHILD #5:

Surname:	Given Name(s):
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: ____/____/____
City of Birth:	Country of Birth:
Country of Citizenship:	Country of Legal Permanent Residence*:
Email:	

CHILD #6:

Surname:	Given Name(s):
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: ____/____/____
City of Birth:	Country of Birth:
Country of Citizenship:	Country of Legal Permanent Residence*:
Email:	

**If country of Legal Permanent Residence is different from country of citizenship, please provide proof*

THIS SECTION TO BE COMPLETED BY THE HOST DEPARTMENT:

STUDENT'S INFORMATION:	
Surname:	Given Name(s):
Date of Birth: ___/___/___	PID #: A
Program Level (check the appropriate box): <input type="checkbox"/> Non-Degree Undergraduate <input type="checkbox"/> Non-Degree Graduate	
Note: All non-degree students MUST be admitted to MSU as "Lifelong Education" students before the DS-2019 can be produced.	

PERIOD COVERED BY THIS FORM:	Begin Date: ___/___/___	to End Date: ___/___/___
Field of activity at MSU (Select the appropriate code at: http://tinyurl.com/cip2010):		
Professor/Collaborator in department: (Who will work with this student)		
Phone:	E-mail:	
**Location of activity & address:		
** Address Line 1:		
** Address Line 2:		
**City:	**State:	**Zip Code:

**** Exact location where student will be working/studying**

SOURCE OF FUNDING FOR THE DURATION OF REQUESTED VISIT:
<input type="checkbox"/> MSU Department Funds: \$ Health insurance provided by Department? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Student's Government Funds: \$
<input type="checkbox"/> Other Funds: \$ Source of other funds:
<input type="checkbox"/> Personal/Family Funds: \$

The department Head/Dean/Chairperson/Director must approve this host arrangement and sign below. In lieu of signature, the department Head/Dean/Chairperson/Director must send OISS an email giving approval.

Signature: _____ (Head/Dean/Chairperson/Director) Typed Name: Title: Department: Dept. Address: Phone: Date: ___/___/___	Person to contact when DS-2019 is ready: Name: E-mail: Phone:	Please submit this request to OISS in a manila envelope, with the label of " J-1 Request " OR by email to jvisas@msu.edu . Office for International Students & Scholars International Center 427 N. Shaw Lane – Room 105 East Lansing, MI 48824 If you have additional questions about this process please email: jvisas@msu.edu .
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Required Confirmations for J-1 Exchange Visitor's English Proficiency

Federal visa regulations require that the program sponsor (MSU) obtains confirmation that the J-1 Exchange Visitor possesses sufficient proficiency in the English language, as determined by an objective measurement of English language proficiency, successfully to participate in his or her program and to function on a day-to-day basis. OISS is responsible for documenting this requirement.

J-1 Exchange Visitor (EV) categories at MSU:

Research Scholar, Professor, Short-Term Scholar, Student-Intern, Student Non-Degree,
Student Bachelors, Student Masters, Student Doctorate

Exchange Visitor's Information:

LAST NAME:
FIRST NAME:
BIRTHDATE:

The host department has confirmed the prospective Exchange Visitor's English proficiency through the following means (check the appropriate box):

- The EV has taken a recognized English test and meets the minimum standard for MSU provisional admission listed here: http://www.admissions.msu.edu/admission/international_requirements.asp
(Documentation of test score must accompany this application.)
- The EV has undertaken and passed an English language curriculum.
(Letter from academic institution or English language school must accompany this application.)
- The department has conducted an interview in-person or by videoconferencing (Skype), or by telephone if videoconferencing is not a viable option and determined that the EV is adequately proficient in the English language.

Interview conducted by:

Name:

Title:

Date of interview:

Form of interview (in-person, Skype, telephone, etc.):

Interviewer statement:

I believe this person's English ability is enough to successfully participate in his/her program.

Signature of Interviewer

Date

J-1 Non-Degree Student Program Plan

PLEASE NOTE: This form should only be used to outline the program plan for J-1 Non-Degree Students who will *not* enroll for a full-time course load in every semester of the program. For students who will follow a non-traditional student program plan, please fill out one form for each semester of the program. **Total engagement must be a minimum of 18 hours per week.**

STUDENT INFORMATION:

Last Name:	First Name:	Middle Name:
PID #: A	This program plan is for semester ____ of ____ total semesters.	
Semester: <input type="checkbox"/> Fall ____ <input type="checkbox"/> Spring ____ <input type="checkbox"/> Summer ____		

TYPE OF ENGAGEMENT (Select as many as apply to this semester):

Classroom/Seminar Participation	
<i>*Students must enroll in academic courses – Enrollment in independent study or research only courses/credits is not permitted.</i>	
Hours Per Week: _____	
Description of Engagement (name of course or seminar, course number, etc.):	
One-on-One Collaboration	
<i>* Collaborators must have a post-graduate degree. Please attach CV or resume.</i>	
Hours Per Week: _____	
Program Plan Memo completed and attached	
Collaborator's Contact Information	
Last Name:	First Name:
E-mail:	Telephone Number:
Independent Research	
<i>* Research supervisors must have a post-graduate degree. Please attach CV or resume.</i>	
Hours Per Week: _____	
Last Name:	First Name:
E-mail:	Telephone Number:
Research Objectives:	