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| **California State University Northridge ● Office of Faculty Affairs**  **J-2 Dependent Visa Sponsorship Request Form** |

**Please indicate the type of request you are making:**

ADD the dependent(s) named below be added to my SEVIS record.

REMOVE the dependent(s) named below be removed from my SEVIS record.

I have notified the dependent(s) named that he/she/they will be removed from my SEVIS record.

I have NOT notified the dependent(s) named that he/she/they will be removed from my SEVIS record.

EXTEND J-2 DEPENDENT the dependent(s) named below be extended in my SEVIS record.

\_\_\_\_\_ As a J-1 Visiting Research Scholar. I understand that I will need to purchase insurance for my dependent (s) for the duration of my program.

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| **Information about the Proposed Visiting Scholar** |

SEVIS ID if proposed visitor previously participated in the J-1 program: Click or tap here to enter text.

Last Name (Family Name): Click or tap here to enter text. First Name: Click or tap here to enter text.

Middle Name:Click or tap here to enter text. Passport Name: Click or tap here to enter text.

Birth date: Click or tap to enter a date. Email Address: Click or tap here to enter text.

Phone Number: Click or tap here to enter text.

**J-1 Visiting Scholar Signature**: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Information about J-2 Dependents(s)** |

Proof of relationship (such as marriage certificate and birth certificate with English translation, copy(ies) of Passport Photo(s)) are required to issue the J-2 dependent DS-2019s but may **NOT** be submitted via email. When you are ready to submit [**Level 1 Confidential** **Documents**](https://www.csun.edu/it/protected-data), contact the J-1 Advisor, Ashley Thompson <ashley.thompson@csun.edu>, and arrange for a BOX folder to be set up for you to upload these documents securely.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Dependent 1 | Dependent 2 | Dependent 3 | Dependent 4 |
| Last/Family Name (as it appears in passport) |  |  |  |  |
| First/Given Name |  |  |  |  |
| Middle Name |  |  |  |  |
| Gender |  |  |  |  |
| Relationship to you |  |  |  |  |
| Date of Birth (mm/dd/yyyy) |  |  |  |  |
| City of Birth |  |  |  |  |
| Country of Birth |  |  |  |  |
| Country of Citizenship |  |  |  |  |
| Country of Permanent Residence |  |  |  |  |
| Email Address |  |  |  |  |

**Please note:** Per Department of State regulations, we are required to report when the accompanying J-2 spouse or child departs the United States before the J-1, if the J-2 has no intention of returning for the remainder of the J-1 1s program. Please indicate the J-2's date of departure if applicable:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date (mm/dd/yyyy)

J-2 end date is not yet known (If departure date is not yet known, please complete this form at the time that the end date for the J-2 is known and resubmit to remove the dependent.)

Please provide a brief statement must be provided that indicates what the J-2 dependent(s)’ plan is during their stay while the primary J-1 visa holder participates in their program.

Click or tap here to enter text.

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| **Source of J-2 Financial Support** |

CSUN is required to document proof of financial responsibility for visiting scholars and their dependents. Each visiting scholar must be able to provide proof of financial support for their dependents, at least $850 per month, per dependent, for living expenses. Please indicate below the sources of this funding:

|  |  |  |  |
| --- | --- | --- | --- |
| Funding Source | Amount  per month  (USD) | # of  Months | Total  Amount |
| **CSUN** General Fund Account # Click or tap here to enter text. | $ |  | $ |
| **The University Corp**  Account # Click or tap here to enter text. | $ |  | $ |
| **U.S. Government agency** funds to ***this*** Exchange Visitors:  Name of Agency: Click or tap here to enter text. | $ |  | $ |
| **International Organization**: Name of Agency funding thisExchange Visitor [e.g., UN, WHO, NATO]: Click or tap here to enter text. | $ |  | $ |
| **Exchange Visitor’s Government:**  Name of Agency: Click or tap here to enter text. | $ |  | $ |
| **Other organizations/Institutions** in the U.S. or abroad:  Names(s): Click or tap here to enter text. | $ |  | $ |
| **Personal funds** (\*must include a copy of bank statement from the last two months) | $ |  | $ |

**Verification of Grant Funds**

**The University Corporation (TUC) at CSUN Human Resources Approval****:**

Print Name: Click or tap here to enter text.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click or tap to enter a date.

**Budget Verification from** **TUC if the planned visit will use CSUN grant funds managed by TUC:**

Print Name: Click or tap here to enter text.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click or tap to enter a date.

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| **Health Care Coverage** |

**Health Care Insurance:**

All visitors need to have health and accident insurance policy offering at least U.S. $100,000.00 (USD) in major medical and hospital coverage.

For Paid Visiting Scholars, the CSUN-sponsored health insurance does not become effective immediately. Therefore, proof of health insurance *(including provisions for evacuation and repatriation)* is required for the first 30 days of the appointment for themselves and dependents. Once the CSUN-sponsored health care benefits take effect, the visiting scholar will no longer need to provide proof of health care insurance.

Self-support Visiting Scholars must maintain Health Care Insurance for themselves and their dependents for the duration of their program.

**Repatriation and Evacuation Insurance:**

In addition to healthcare coverage, visitors must have insurance coverage of ***$25,000.00 (USD) in repatriation and $50,000.00 (USD) in evacuation costs*** through the duration of the program at CSUN. Additionally, the visitor’s deductible should not exceed $500 USD per accident or illness. Insurance may be purchased in the visitors’ home country or once they arrive in the US.

● The scholar should be prepared to provide a receipt showing proof of expiration date as well as the policy description, or a letter from the insurance company with your full name verifying that your current insurance meets the above requirements. Policies purchased in countries other than the United States must be officially translated in English and all relevant amounts must be in U.S. dollars.

**SIGNATURE PAGE**

**Electronic signatures are accepted, Adobe sign is not as it locks the document.**

**DEPARTMENT CHAIR’S SIGNATURE**: The signature of the sponsoring department’s/program’s chair/coordinator indicates approval of the plan and the department’s readiness to assume the responsibilities involved in sponsoring and hosting this proposed Visiting Scholar.

Print Name: Click or tap here to enter text.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click or tap to enter a date.

**DIRECTOR OF FINANCE AND OPERATIONS (DFO)**: The signature of the sponsoring college’s DFO, below, indicates that all elements of Section 3 have been reviewed.

Print Name: Click or tap here to enter text.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click or tap to enter a date.

**COLLEGE DEAN’S SIGNATURE**: The signature of the sponsoring department’s/program’s dean indicates the college’s support for this proposed Visiting Scholar, confirmation that the proposed visit will be of significant benefit to CSUN and the college’s faculty and students, and that the college confirms its willingness to provide the resources and support needed for this Visiting Scholar as outlined above.

Print Name: Click or tap here to enter text.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click or tap to enter a date.

**FACULTY AFFAIRS**: The signature of the Associate Vice President for Faculty Affairs confirms that this form has been completed in keeping with university procedures and provides the information necessary to approve the request and process a formal letter of invitation.

Print Name: **Diane Guido, AVP Faculty Affairs**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click or tap to enter a date.

**CSUN PROVOST**: The signature of the Provost (or designee) indicates that the Provost has been informed of this planned visit and supports its moving forward as described above.

Print Name: **Jacklyn Stallcup, Interim Vice Provost for Academic Affairs**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click or tap to enter a date.

**Return Completed form to:**

**Ashley Thompson**

**Office of Faculty Affairs**

**VH 305, Mail Code: 8220**