

This form should be used for all participants in the Specialist, Short-Term Scholar, and Professor designations. This form must be signed by the Hosting Department Dean the Campus President. Submit this form with the application forms.

Applicant Information:

J Visa Designation: Professor (3 wks. to 5 yrs.) Short-Term Scholar (1 day to 6 mo.) Specialist (3 wks. to 1 yr.)

Family Name: _____ First Name: _____ Middle Name: _____

Start Date: _____ End Date: _____

Department Contact Person: _____ Phone: _____

Department / Program of Study: _____

Provide a description of the project and your role; i.e., what will you study/teach/research?

Sponsoring Department Responsibilities:

Prior to Arrival:

- Designate a contact person in the department. Provide his or her phone number and email address to facilitate communication and help make arrangements for the visitor.
- Secure funding sources for the Visitor if required.
- Coordinate accommodation needs for the Visitor.
- Ensure that the Visitor has received specific information about the department, as well as projects and responsibilities. Have a written letter of agreement with all projects and responsibilities assigned.
- Locate and reserve an office and/ or laboratory space for the Visitor (if needed), along with the use of computer, email and library access. Arrange for administrative and other essential support if applicable.

Upon Arrival:

- Ensure that the Visitor reports to the RO/ARO upon arrival to Valencia in order to submit copies of all immigration documents and provide proof of health insurance.
- Contact the office of International Student Services (ISS) when a Visitor will be delayed in arriving at Valencia, has left the country, and/or has completed his or her work with the department.
- Coordinate the Visitor's attendance to the orientation sessions.
- Coordinate attendance to a variety of events to help the Visitor assimilate to the U.S. and college culture.
- Contact the office of International Student Services 45 days prior to the completion of a Visitor's program if the department wishes to request an extension of stay. A new DS-2019 request form along with supporting documents must be submitted.

Hosting Department Administrator (DEAN) please complete: By signing this form, you agree that your department will ensure that the above responsibilities are met.

Name of professor assigned to work with Exchange Visitor: _____

Funding source/s if the Exchange Visitor will be paid: _____

Campus and Office Location for Visitor: _____ Ext.: _____

Dean Name: _____ Signature: _____ Date: _____

Campus President Name: _____ Signature: _____ Date: _____