THE INTERNATIONAL CENTER AT ROWAN UNIVERSITY
DEPARTMENT REQUEST FORM FOR J-1 EXCHANGE VISITORS

DEPARTMENT INFORMATION

Host Department: _____

Faculty/staff member to whom exchange visitor will report: _____

Phone:_____ Fax:_____ Email: _____

POSITION INFORMATION

Name of J-1Exchange Visitor:_____
(Last) (First) (Middle)

Requested Exchange Visitor category:

- ❑ Professor (3-week minimum, 5-year maximum)
- ❑ Research Scholar (3-week minimum, 5-year maximum)
- ❑ Short-term Scholar (no minimum, 6-month maximum, no extensions)
- ❑ Specialist (3-week minimum, 1 year maximum)

Dates of J-1 Appointment:_
From: Month_____ Day_____ Year_____ **To:** Month_____ Day_____ Year_____

Title of position to be held: _____

Appointee's primary activity:
❑ Teaching/Lecturing ❑ Research ❑ Consult ❑ Observe ❑ Demonstrate Special Skills

Field and specialization in which appointee will work: (Also attach departmental invitation letter)

_____

Appointee's Site of Activity:_____

TERMS OF APPOINTMENT

Please read and check each box certifying your agreement:

❑ The host department understands that the J-1 visa status is temporary and is to be used for academic purposes only. It is **not** to be used for tenure-track or tenured faculty appointments, or for nonacademic administrative, staff, or technical positions.

❑ The host department has verified that the exchange visitor has appropriate academic credentials and English Language proficiency.

❑ The exchange visitor must be in the correct status and on Rowan's sponsorship before s/he can begin employment and receive remuneration.

❑ The International Center must be notified in advance of arrivals, extension requests, incidental employment, terminations, departures, and future returns to the U.S. of exchange visitors.

Faculty Member Name: _____Signature:_____

Dean's Signature: _____Date: _____