Visiting International Exchange Application

Your name
(What you prefer to be called)

Please submit all application documents and materials to Amy Moll: Study Away Support Specialist
Deadline for fall semester: MAY 1ST
Deadline for spring semester: OCT 1ST

Application Sections To Complete

- Application To Participate In The Exchange Visitor Program At PSU (pages 2-3)
- Course Registration form for the Registrar (pages 4-5)
- Self-report on health (page 6)
- Insurance Regulations for J-1 Students: Agreement to Comply (page 7)

Additional Supporting Documents Needed

- Passport photocopy
- Official Academic transcript
- Evidence of financial support for the duration of stay (ex. bank statement)
- Evidence of English ability (TESOL, IELTS, etc.) if non-native speaker
- Evidence of Insurance Coverage that meets J-1 requirements (policy proof and coverage details)
- Physician report (print document and have your family doctor complete)

Your application is not finished until this application is completed in full and ALL supporting documents are submitted. This form is a fillable PDF. You can type out all of your answers and save them. Your signature can be typed. You can also print this form and write your answers by hand if you wish.

You can submit your application via post:
Int’l Exchange Application
Global Engagement Office, MSC 62
Plymouth State University
Plymouth, NH, 03234
USA

Or Email (scan your documents):
akmoll@plymouth.edu
Amy Moll – Study Away Support Specialist
Or Fax:
001-603-535-2221

If you have questions, call me or email me!
Dr. David Zehr - International Programs Coordinator
Phone: 001-603-535-3294
Email: zehr@plymouth.edu

Additional Information to Review

- Review housing options: http://www.plymouth.edu/office/residential-life/

  Once your exchange application is received, you will be receiving an email from Kathy Peverly, Housing Service Coordinator, with directions on filling out the New Student Housing Application.

- Review dining/meal plan options: https://campus.plymouth.edu/dining/

APPLICATION TO PARTICIPATE IN THE EXCHANGE VISITOR PROGRAM AT PSU

This application form is to be completed in full by the international exchange student and mailed to the address listed above (or emailed to akmoll@plymouth.edu) by April 1st for the fall semester and October 1st for the spring semester. The information provided on this form will enable the Program Sponsor (Plymouth State) to determine your eligibility to participate in the Exchange Visitor Program and to issue you Form DS-2019. Be sure to attach all requested documentation to this form.

PSU Program of Study __________________________________________________________

Anticipated Dates of Stay at PSU: From__________To: ___________
(Month/Day/Year) (Month/Day/Year)

Your Name ________________________________________________________________
(Family Name/s or Surname/s) (Given Name/s)

Current Mailing Address ________________________________
Current Phone: _______ Current Fax #: ___________ E-mail Address: ______

Permanent Foreign Address: ________________________________________________

Male _____ Female __ Marital Status _____ Date of Birth: ______________________
(Month/Day/Year)

Place of Birth ____________________________
(City) (Country)

Country of Citizenship ________________________________________________

U.S. Social Security Number (if any) ________________________________

Country of Legal Permanent Residency __________________________________

Name and Address of Home Institution ____________________________________

Academic Degree(s) (Please indicate degree awarded, academic institution, and year awarded)

_____________________________________________________________________

Have you visited the U.S. before? Yes __ No ___ If yes, provide the dates of previous visitor stay in the U.S. over the past five years and the type of visa(s) you held during those visits. (Attach additional sheet if necessary).

_____________________________________________________________________

If you are currently in the U.S., what is your current immigration status? __________

Attach copies of your I-94 card, passport, current passport visa, and copies of any DS-2019, I-20, or I-797 you have been issued.

Please Note: Effective June 1996, federal regulations prohibit an Exchange Visitor Program Sponsor from issuing DS-2019 to any individual who has been physically present in the U.S. in J-1 visa status for more than six months of the twelve month period immediately preceding the anticipated start date of a new program, unless the individual is being transferred from another program sponsor as permitted under federal regulation.

Provide the dates of your current and/or last stay in the U.S. as an Exchange Visitor in J-1 visa status.
From ___________________ To ___________________
(Month/Day/Year) (Month/Day/Year)
If you are currently in the U.S. as an Exchange Visitor, provide the name, address and phone number of your current Exchange Visitor Program Sponsor:

____________________________________________________________________________________
____________________________________________________________________________________

**English Language Skills:** Are your English language skills adequate to perform the duties required by the PSU department and to make a successful cultural adjustment to the campus and the larger community?  
Yes ____ No ____

If English is not your first language please provide attached evidence of English ability (e.g. TOEFL score, IELTS score, etc.)

Comments: ________________________________________________________________________

Family Information: (Please check all that apply)

a) Family members will accompany me to the United States______  
b) Family members may join me at a later date______  
c) Number of family members who will accompany or join me______  
d) Family members are already in the United States______  
e) No family members will come to the United States______

Provide the following information for any family member who is currently with you in the U.S., will accompany you to the U.S., or will join you later (Attach separate sheet of paper if necessary):

- Full name: _______________________________________________________________________
- Place of birth (city/country): _______________________________________________________________________
- Date of birth: _______________________________________________________________________
- Country of citizenship: _______________________________________________________________________
- Country of legal residency: _______________________________________________________________________
- Relationship to you: _______________________________________________________________________

**Financial Information:** Program sponsors are required to verify that the exchange visitor has adequate financial support for himself/herself and all accompanying family members for the duration of their program. Complete the information below in detail. **Attach evidence of financial support for all relevant categories. (Copy of personal bank statement, copy of award letter from your government, home institution or employer, etc.)** If you will receive support from any Agency of the U.S. Government, your Home Government or any International Organization, please provide the name of that agency or organization.

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<thead>
<tr>
<th>Source</th>
<th>US Dollar Amount</th>
<th>Agency/Institution</th>
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<tbody>
<tr>
<td>Plymouth State University</td>
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<tr>
<td>Personal Funds</td>
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<td>U.S. Government Agency(ies)</td>
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<td>International Organization(s)</td>
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<td>Home Government</td>
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<td>Home University</td>
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<td>Other (Specify)</td>
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**Complete and Sign the Following:** I verify that the information provided in this application is accurate. I also verify that I understand that I must carry adequate medical insurance coverage and comply with all regulations of the United States Department of State Bureau of Educational and Cultural Affairs Exchange Visitor Program and the rules set down by the Plymouth State University. I realize that failure to abide by these regulations may mean dismissal from the exchange program.

Signature ___________________ Date (MM/DD/YYYY)
VISITING International Students

Form for the Registrar

In order for you to register for classes, you will need to fill out the following form. This form will be sent with your other documents to the Global Engagement Office for approval. We will then send it to the registrar’s office.

Last Name / Family Name ___________________________ First Name / Given Name ___________________________ MI (if exists)

DOB (Date of Birth) (DD/MM/YYYY)

Citizenship check one: □ N Non-Resident Alien
□ R Resident Alien
□ U United States Citizen

Sex □ M □ F

Social Security Number (if you have one) ___________________________

Ethnicity (optional): check one:
0 □ Did Not Respond
1 □ American Indian or Alaskan Native
2 □ Black Non-Hispanic
3 □ Asian or Pacific Islander
4 □ Hispanic
5 □ White Non-Hispanic
6 □ Other

Degree program that you are pursuing at home university ___________________________

How many years is your program at your home university? (e.g. 3 years, 4 years) ___________________________

Current Status at home university: □ FR (1st year) □ SH (2nd year) □ JR (3rd year) □ SR (4th year)

What is your graduation date from your home university?

Student Contact Info: (MM/DD/YYYY)

1. PR = Permanent (Home) Address

   a. Street
   ___________________________

   b. Street 2
   ___________________________

   c. City
   ___________________________

   d. State
   ___________________________

   e. Zip
   ___________________________

   f. Nation
   ___________________________

2. PR = Permanent (Home) Telephone ___________________________

3. PE = Personal Email Address ___________________________

4. MA = Mailing Address, if different

   a. Street
   ___________________________

   b. Street 2
   ___________________________

   c. City
   ___________________________

   d. State
   ___________________________

   e. Zip
   ___________________________

   f. Nation
   ___________________________
Nationality:

Nation of Birth ____________________________________________

Nation of Citizenship ________________________________________

Emergency Contact Info:

1. Full Name ________________________________________________

2. Relationship to Student ____________________________________

3. Address _________________________________________________

4. Phone number _____________________________________________

5. Email Address (Entered as PA email) _________________________

PSU courses desired, by CRN, up to 17 credits:

_________ ___________ ___________ ___________ ___________ ___________ ___________

Proposed Course Schedule: SEARCH: http://www.plymouth.edu/office/registrar/

If class schedule is not yet posted for the semester you intend to study at PSU, please leave Day and Time blank.

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<thead>
<tr>
<th>CRN Number</th>
<th>Course ID</th>
<th>Title of Course</th>
<th>Day and Time</th>
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Signature of Student __________________________________________ Date ____________________________ (MM/DD/YYYY)

To be completed by the Global Engagement Office:

SEVIS ID ________________________

To be completed by the Registrar:

Banner ID: ________________
Because international exchange programs can be quite rigorous and demanding, we believe that only those students who are in good physical and mental health should plan to participate. For that reason we ask that the student and his or her parent or legal guardian carefully read and then sign and date the following certification:

“I certify that I am in good physical and mental health and that I do not suffer from any special mental or physical problem or condition that would prevent me from successfully taking part in an international exchange program in Plymouth, NH, USA.

I further understand that, in the event of an emergency, Plymouth State University reserves the right to notify my parent(s) or guardian.”

Name ____________________________ Signature ____________________________
(please print) Date ____________________________
(MM/DD/YYYY)

**NOTE:**
If, for whatever reason, you cannot sign above, will you give permission to the Director of the Global Engagement Office, and to appropriate health or counseling professionals at Plymouth State University, to discuss your health condition with the physician, psychologists or counselor who treated you during the past four years?

(Please indicate your willingness to have us talk with the physician, psychologist or counselor by signing on the line below.)

N.B. If you do not sign this form either above or below, as appropriate, you will no longer be considered for participation in the international exchange program.

Name ____________________________ Signature ____________________________
(please print) Date ____________________________
(MM/DD/YYYY)

The name and address of your physician, psychologist or counselor:
Name ____________________________ Phone # ____________________________
Address ____________________________
Health Insurance Regulations for J-1 Exchange Students to Plymouth State University

US Department of State regulations require that sponsors (colleges, universities, or agencies which promote educational exchange) monitor insurance coverage for all exchange visitors (J-1 principal and J-2 dependent non-immigrants) in their programs. While no recommendations are made on specific policies or carriers, the regulations do establish minimum coverage as follows:

1) Medical benefits of at least $100,000 per accident or illness;
2) Repatriation of remains in the amount of $25,000;
3) Expenses associated with medical evacuation of the exchange visitor to his or her home country in the amount of $50,000 and
4) A deductible not to exceed $500 per accident or illness.

An insurance policy secured to fulfill these requirements must provide coverage for activities inherent to the exchange program but may impose the following conditions:

1) A waiting period for pre-existing conditions as long as the waiting period is reasonable by current industry standards;
2) A co-payment not greater than 25%;

In addition to the standards for coverage, the regulations also set forth rating requirements for acceptable policies. Coverage backed by the full faith and credit of the government of the exchange visitor’s home country is exempt from these rating requirements.

Important: Department of State regulations require insurance coverage to be in place from the time the exchange visitor enters the program and through the duration of the program. PSU is required to terminate an exchange visitor's participation in the program if the visitor and his/her dependents willfully fails to comply with and maintain the required insurance coverage.

I verify that I have read the information contained above and that I will comply with the insurance regulations as specified by the U.S. Department of State. I understand that it is my responsibility to maintain health insurance coverage for myself for the duration of my J-1 program. I also understand that failure to comply with these requirements will result in my suspension from the exchange visitor program.

Name (please print)

Signature __________________________ Date (MM/DD/YYYY) __________________________

Send completed signed form to the above address OR Scan legible copy to the above email OR Fax legible copy to the above Fax Number

(We recommend that you keep a copy for your records)