

Visiting International Exchange Application

Your name
(What you prefer to be called)



Please submit all application documents and materials to Barbara Lopez-Mayhew: Direct of Global Engagement

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):

blopezmayhew@plymouth.edu

**Barbara Lopez-Mayhew –
Director of Global Engagement**

Or Fax:

001-603-535-2870

If you have questions, call me or email me!

**Barba Lopez-Mayhew – Director of
Global Engagement**

Phone: 001-603- 535-3372

Email: blopezmayhew@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/>
- More Info here: [Admitted International Students – Global PSU](#)



Exchange Program
 Global Engagement Office
 MSC 62
 Plymouth State University
 Plymouth, NH 03264
 Email: blopezmayhew@plymouth.edu

Phone: 001-603- 535-3372
 Fax: 001-603- 535-2870

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 him/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.

Source:	US Dollar Amount	Agency/Institution
Plymouth State University	\$	
Personal Funds	\$	
U.S. Government Agency(ies)	\$	
International Organization(s)	\$	
Home Government	\$	
Home University	\$	
Other (Specify)	\$	

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)

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.

CRN Number	Course ID	Title of Course	Day and Time

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: _____

**PLYMOUTH STATE UNIVERSITY
EXCHANGE STUDENT
SELF – REPORT ON HEALTH**

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 _____

Global Engagement Office
MSC#62
17 High Street, Plymouth NH 03264
Phone: (603) 535-3372 Fax: (603) 535-2870
Email: blopezmayhew@plymouth.edu

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 \$100,00 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)