



OFFICE OF INTERNATIONAL STUDIES MONTANA STATE UNIVERSITY BILLINGS

Visiting Scholars Application

J-1 Exchange visitor is the classification most commonly used by Foreign Scholars in the United States. The designation “exchange” refers primarily to the exchange of knowledge across national borders rather than to reciprocal exchange programs between institutions or governments. Any foreign national who has sufficient academic training to benefit from an academic or professional program at a U.S. institution may be eligible for this status if the host institution or facility has an Exchange Visitor Program authorized by the U.S. State Department. Montana State University Billings has such authorization at present.

All applicants interested in attending MSU Billings as an International Visiting Faculty Scholar, or MSU Billings departments wishing to sponsor an applicant, will submit the following information to the MSUB Office of International Studies:

1. Visiting Faculty Scholar Application Form (*this form*)
2. A copy of the exchange visitor’s passport (*if spouse or children are accompanying, a copy of their passport must also be attached*).
3. The applicant's curriculum vita.
4. A statement by the applicant outlining the specific goals and/or research objectives to be pursued during their visitation, including the faculty who will be supervising the visitor and the visitor’s daily requirements.
5. Financial documentation from the applicant indicating their ability to finance the expenses related to their visitation including travel, lodging, health insurance, general living expenses. (*More information under Funding Information portion of application.*)

PLEASE PRINT ALL INFORMATION

Return to: Office of International Studies at MSU Billings via email
Email: ois@msubillings.edu Phone: (406) 657-1705

SCHOLAR INFORMATION:

Basic Information: (Names should match exactly as they are indicated on passport)

First (given) Name	Middle Name	Last (family) Name
Date of Birth (mm/dd/yyyy): _____ Gender: _____		
City of Birth: _____		Country of Birth: _____
Country of Citizenship: _____		Country of Legal Permanent Residence: _____

Last job or position held in country of legal residence:

Position Title: _____

Place of Employment: _____

Highest Degree Earned: _____

Please include a resume' of education and work experience.

Home address:

(Street & Number)

(City)

(Province/State)

(Country)

(Postal Code)

Telephone: _____
(include country code)

Email: _____

English Proficiency Level:

TOEFL _____

Other (test name and score) _____

IELTS _____

Has this Visitor held J-1 or J-2 immigration status at any institution in the past 24 months? ____ Yes ____ No

If yes, give dates and locations of all visits in the past 24 months on an attached sheet of paper. If visitor is currently in the U.S., attach copies of all previous IAP-66/DS-2019 forms.

Is the Visitor being accompanied by family member(s)? ____ Yes ____ No

If yes, list the name, birth date, gender, city of birth, country of birth, country of citizenship, and country of legal permanent residence on a separate page. Copy of passport(s) required.

MSU BILLINGS DEPARTMENT INFORMATION: *(include if known)*

Host Department at MSU Billings: _____

Department Address: _____ **Phone:** _____

Contact Person (Host Professor/Staff Member): _____

Phone: _____ **Email:** _____

PROGRAM INFORMATION:

Please attach a copy of your curriculum vitae and a short description (1 page) of your program objectives you will be pursuing.

Category of Visitor. Please check one. Professors & Research Scholars may NOT change categories.

____ **Professor** (an individual primarily teaching, lecturing, observing or consulting – 5 years maximum, non-tenured positions only.)

_____ **Research Scholar** (an individual primarily conducting research, observing, or consulting in connection with a research project – 5 years maximum.)

_____ **Short-term Scholar** (Will be at MSUB for 6 months or less) ** No extensions or change of category are possible for short-term scholars. Use caution when choosing this category, if there is a potential of keeping the scholar longer than six months, consider the research scholar category.

_____ **Specialist** (An individual who is an expert in a field with specialized knowledge or skill coming to the U.S. for observing, consulting, or demonstrating special skills.)

Brief Description of Visitor's Proposed Program: (Examples: conduct research in theoretical physics; teach courses in business; conduct a workshop on ecology; observe university administration.)

Dates of visit: From _____ to _____; _____ months total
mm/dd/yyyy mm/dd/yyyy

FUNDING INFORMATION:

The following are current MSU Billings standard *estimates* to cover minimal expenses:

Exchange scholars/researchers daily living expenses (food, transportation, housing, etc)\$1,500.00 per month

Additional Expenses for Dependents:

Spouse \$600.00 per month
Each child\$300.00 per month

1. The sponsoring department at MSUB _____ has _____ has not received funding for international exchange from one or more U.S. Government Agency to support this particular exchange visitor. Unless the applicant is named in the grant the answer would be "has not." If, yes which agency?

Source and amount of financial support in U.S. Dollar for the total duration of stay

Please provide documentation (example: a letter from sponsor, letter from university, personal bank statement) for EACH source of funding listed

- | | |
|---|----------|
| 2. Montana State University Billings | \$ _____ |
| 3. MSUB tuition waiver: (Guaranteed ____ yes ____ no) | \$ _____ |
| 4. U.S. Government Agency | \$ _____ |
| Name: _____ | |
| 5. International Organization | \$ _____ |
| Name: _____ | |
| 6. Person's Government | \$ _____ |
| 7. Other | \$ _____ |
| Name: _____ | |
| 8. Person's personal funds | \$ _____ |

Please attach documentary evidence that the visitor can meet the minimum expenses listed above. Bank statements should be on letterhead stationery, should specify dollar amounts and type of compensation support, and be signed by the responsible party.

HEALTH INSURANCE INFORMATION:

Insurance coverage will be arranged for by _____ the sponsor _____ the host department _____ the visiting scholar

Upon arrival, the visitor will need to bring to the Office of International Studies, evidence of adequate health insurance coverage throughout his/her stay in the United States. The J-1 visa has the following federally mandated requirements:

- Medical benefits of at least \$100,000 per accident or illness;
- In case of death, repatriation of remains in the amount of \$25,000;
- In case of serious illness or injury, payment of expenses associated with the medical evacuation of the Exchange Visitor to his or her home country in the amount of \$50,000;
- A deductible not to exceed \$500 per accident or illness.

If the visitor does not have the required minimum insurance coverage in effect, he/she must purchase adequate insurance upon arrival. Scholarly duties cannot commence until there is sufficient proof that he/she is insured.

The applicant acknowledges that a cancellation may become necessary in the event of a force major incident and/or travel restrictions to and from Montana and the U.S. In its sole discretion, MSUB may cancel the program or any aspect of the program prior to departure and, in its discretion, MSUB may cancel the program or any aspect of the program after the start of the program. MSUB shall not be liable for any loss whatsoever to participants by reason of any such cancellation or change.

Signature of Applicant: _____ **Date:** _____

SPONSORING DEPARTMENT INFORMATION:

(to be completed by department after application is received from the applicant)

In order to process a DS-2019 (J-1 visa document) for the exchange visitor, An MSUB department staff and/or faculty member must complete all the information required below:

1. Department sponsoring Exchange Visitor _____
2. Signature of faculty or staff member authorizing the Exchange Visitor _____
3. Signature of Department Head authorizing the Exchange Visitor _____
4. Contact person [professor or administrative assistant] to be called for more information regarding sponsorship:
Name _____
Phone _____ E-Mail _____
5. Signature of OIS PDSO or DSO _____
6. Signature of MSUB Provost _____