



Form B:

Request for visa sponsorship for non-U.S. Citizens and non-U.S. Permanent Residents on academic appointment at MIT. To be completed by the prospective scholar and returned to the MIT department, laboratory, or center headquarters.

Please type or write clearly. This information will be entered into SEVIS (the Student and Exchange Visitor Information System) in order to issue the government-controlled Form DS-2019. Attach to Form B:

- Copies of the biographical information pages from your passport, for yourself and any accompanying family members.
- **If you are in the United States**, copies of ALL current visa documents.
- **If you were in the U.S. during the past six years in any status other than tourist (B-2 or WT)**, copies of previous visa documents, such as Form DS-2019 or IAP-66 (for J-1); Form I-20 (for F-1); work authorization card (EAD); or TN, O-1, or H-1B approval notice.

Personal Information about the Prospective Appointee

Name (as it appears in passport) _____
Family *Given* *Middle*

Date of Birth _____ Gender: Male Female
Month/Day/Year

Place of Birth _____ Country of Citizenship: _____
City *Country*

Country of Legal Permanent Residence _____

Last Position Title in Home Country* [graduate student, researcher, professor, etc.] _____

Name of Last Employer/Institution in Home Country* _____
**Country of citizenship or country of legal permanent residence, if more recent.*

Highest Academic Degree Earned at Start of MIT Appointment: Doctorate (Year received: _____)
 M.D. Masters Other (specify) _____

Will you be enrolled in a degree program or pursuing a degree elsewhere while on appointment at MIT? No Yes

If you are currently a PhD student, will you obtain the PhD before the MIT appointment starts? No Yes

Current address: _____

E-mail address: _____

Family Information

What is your marital status? Single Married

Do you have family members who will need visa documents from MIT to accompany you? No Yes

Family members are currently in the U.S.: No Yes, their current visa status is _____

Please complete the following information for all family members requiring visa documents to accompany you. Only your spouse and children under the age of 21 may be included as dependents. Dependent children cannot remain in J-2 visa status after their 21st birthday. Use a separate page if necessary.

<u>Name</u> <i>(Family, Given, Middle)</i>	<u>Gender</u> <i>(Female, Male)</i>	<u>Relationship</u> <i>(Spouse, Child)</i>	<u>Date of Birth</u> <i>(Month/Day/Year)</i>	<u>Place of Birth</u> <i>(City, Country)</i>	<u>Nationality</u> <i>(Country)</i>	<u>Permanent Residence</u> <i>(Country)</i>
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Information about the Prospective Appointment

Proposed Dates of Appointment (for the entire period of MIT appointment): From _____ to _____

Is it possible this appointment will continue beyond this end date? No Yes

Location of work, if other than MIT/Cambridge [e.g. MIT, Fermi Lab]: *Please include complete street address, if not MIT.*

Primary location _____ Secondary location _____

MIT Faculty Sponsor _____ MIT Department _____

Financial Support from All Sources (for duration of MIT appointment as indicated above)

Funding must cover the entire period of the MIT appointment and meet specified funding levels (see financial minimums, next page). Please provide supporting documentation for funding coming from sources other than MIT.

Institution	Full Name (no abbreviations)	Amount in U.S. \$
MIT	_____	_____
Exchange Visitor's Government	_____	_____
Other Organization (specify)	_____	_____
Personal Funds	_____	_____
Total Amount of support for the appointment period		Total U.S.\$ _____

U.S. Visa History

Are you currently in the United States? No Yes, my current visa status is _____
(If yes, attach photocopies of ALL visa documents.)

If yes, do you have plans to depart the U.S. and re-enter before beginning your MIT appointment? No Yes

Please indicate destination and travel dates _____

Have you ever been in the United States as a J-1 Exchange Visitor? No Yes

If yes, are you subject to 212(e), the 2 year home residency requirement? No Yes Not Sure

If yes, have you applied for and received a waiver, or a recommendation for a waiver? No Yes (copy attached)

Have you ever filed, or has someone filed for you, an application for U.S. permanent resident status? No Yes

List your most recent visits to the United States in all visa categories except tourist (B-2 or WT visa waiver). Begin with most recent date. Please include past 6 years of visa history. Use a separate page if necessary.

Visa Status	Start and End dates of Visa Status	Purpose of Stay and Location (school or institution)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Financial Minimums

The figures below represent minimum financial support required per year for prospective J Exchange Visitors. Figures are all annual amounts. To determine the minimum financial support you require, add the cost of health insurance in [2] or [3] to the minimum funding in [1]. Note that other visa types have different requirements. If you are not sure if you are eligible for MIT benefits, contact the personnel administrator or administrative officer in your MIT department, lab, or center.

<u>If you are:</u>	<u>Minimum funding required (US\$):</u> [1]	<u>Approximate annual cost of health insurance:</u>	OR	[3] NOT eligible for MIT benefits <i>(Affiliate Plan, 2004-2005 rates)</i>
		+ [2] Eligible for MIT benefits <i>(MIT Traditional Health Plan, 2005 rates)</i>		
Single	\$22,000	\$1,500		\$2,520
Married, no children	\$28,000	\$4,000**		\$5,160
Married, 1 child	\$31,000	\$4,000**		\$7,110
Married, 2 children	\$33,000*	\$4,000**		\$7,710***
Single, 1 child	\$25,000*	\$4,000**		\$3,680****

*Add \$1,000 for each additional child; **Scholar & family; ***Scholar, spouse, & 2 or more children; ****Scholar & 1 or more children (without spouse)

Health Insurance Information

If you will receive a salary from MIT and will be appointed for at least 3 months, for at least 50% time, then you may be eligible for MIT benefits, including MIT-subsidized health insurance. Please speak to the personnel administrator in your MIT department, laboratory, or center to confirm whether or not you are eligible for MIT benefits. If you are NOT eligible for MIT benefits (not paid by MIT), but will have an MIT appointment for at least 3 months, then you may be eligible to enroll in the MIT Affiliate Health Plan. You may also purchase health insurance from another U.S. health insurance company or bring health insurance from your home country, as long as it meets the requirements listed below. Please check one of the following:

- I plan to enroll in an MIT-subsidized health plan (such as the Traditional MIT Health Plan).
- I plan to purchase the MIT Affiliate Health Plan or another health plan from an insurance company in the U.S.
- I plan to bring insurance from my home country.

Statement of Compliance with Exchange Visitor Health Insurance Requirements

J-1 Exchange Visitors and their J-2 dependents must be covered by sickness and accident insurance for the duration of their stay in the United States. Failure to purchase such insurance may lead to loss of legal immigration status and termination from the Exchange Visitor Program. These United States Department of State (DOS) regulations are published in the Code of Federal Regulations [22 CFR 62.14]. Minimum health insurance coverage must provide:

- 1) Medical benefits of at least \$50,000 per accident or illness;
- 2) In case of death, repatriation of remains in the amount of \$7,500;
- 3) 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 \$10,000; and
- 4) A deductible not to exceed \$500 per accident or illness.

All health insurance plans offered at MIT meet these specifications. Health insurance coverage backed by the full faith and credit of the government of the Exchange Visitor's home country meets DOS requirements.

The regulations continue: "An Exchange Visitor who willfully fails to maintain the insurance coverage set forth above . . . or who makes a material misrepresentation to the sponsor [Massachusetts Institute of Technology] concerning such coverage shall be deemed to be in violation of these regulations and shall be subject to termination as a participant." [22 CFR 62.14(h)]

All J-1 exchange visitors must sign the following statement:

I understand the insurance regulations as stipulated by the DOS, and I certify that I have the required insurance or will enroll in an insurance plan or combination of plans to meet the specifications. I further certify that I will also enroll all dependents who currently accompany me or who follow to join me in J-2 visa status. I also understand that if I willfully fail to purchase appropriate insurance coverage, the Institute is obligated to terminate me from its Exchange Visitor Program and will notify the DOS that I have been so terminated. Such action will result in my loss of legal immigration status.

Name (printed)

Signature

Date 12/04