



PART A: Biographical Information

Name in Passport: _____
Last Name First Name Middle Name

Current Address:
 Street Line 1: _____

Street Line 2: _____

City: _____ Postal Code: _____ State/Province: _____

Country: _____

Email: _____ **Telephone:** _____

Date of Birth (mm/dd/yyyy): _____ **Gender:** Male Female

Place of Birth: _____
City Country

Country of Citizenship: _____ **Country of Legal Permanent Residence:** _____

Other Country of Citizenship (if any): _____

What is your marital status? Single Married Divorce Separated

Life Partner Widowed Common Law Marriage

Are you Hispanic or Latino? Yes No

Please select one or more of the following races.

American Indian or Alaska Native Asian

Black or African American Native Hawaiian or Other Pacific Islander

White

Position in Home Country: Undergraduate Student Graduate Student

University Professor or Researcher Other: _____

Are you currently in the U.S.? No Yes If yes, on what type of visa? _____

Have you ever been to the U.S. on a J-1 visa? No Yes If yes, answer the following:

What exchange category (Student, Scholar, Professor, etc)? _____

What dates? From (mm/dd/yyyy): _____ To: _____

Were you subject to the 2-year home residence requirement? No Yes

What Exchange Visitor category are you requesting at Wichita State?

Research Scholar Professor Student Intern

Requested Program Start Date (mm/dd/yyyy): _____ **End Date:** _____

Will your spouse or dependents accompany you to the U.S. in J-2 visa status?

Nobody will accompany me.

Yes, my spouse and/or dependents will accompany me. [You must complete our [Dependent Information for Exchange Visitors](#) form.]

Are you being sponsored by your university, a government, or an organization? No Yes

If yes, please attach your sponsorship letter.

PART B: Proposed Purpose of Visit

Please provide a concise description of the activities or duties you are requesting to perform:

PART C: Educational History

NAME OF UNIVERSITY ATTENDED

DATES ATTENDED

(mm/yyyy to mm/yyyy)

COUNTRY

DEGREE OBTAINED

(e.g. Bachelor's, Master's, Ph.D.)

NAME OF UNIVERSITY ATTENDED	DATES ATTENDED (mm/yyyy to mm/yyyy)	COUNTRY	DEGREE OBTAINED (e.g. Bachelor's, Master's, Ph.D.)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PART D: English Proficiency

The U.S. Department of State requires all Exchange Visitors to possess a sufficient level of English to be successful in the program. Please tell us if you have done any of the following:

Completed a bachelor's degree or higher at an institution where English is the main language of instruction. Please attach a copy of your diploma with your application.

Taken one of the following English tests: English Proficiency Test (EPT), Internet-Based TOEFL (iBT), Paper-Based TOEFL (PBT), IELTS, Pearson Test of English (PTE), Cambridge English First (FCE), Cambridge English Advanced (CAE), or TOEIC. Please attach a copy of your score report with your application.

PART E: Medical Insurance

The U.S. Department of State requires all Exchange Visitors and their accompanying spouse and dependents to maintain medical insurance which meets all of the requirements below for the entire length of their program:

- Medical Benefits of at least \$100,000 per accident or illness **AND**
- Repatriation of Remains in the amount of \$25,000 **AND**
- Expenses associated with the medical evacuation of the exchange visitor to his or her home country in the amount of \$50,000 **AND**
- A deductible not to exceed \$500 per accident or illness **AND**
- Any policy, plan, or contract secured to fill the above requirements must, at a minimum, be:
 - Underwritten by an insurance corporation having an A.M. Best rating of "A-" or above; a McGraw Hill Financial/Standard & Poor's Claims paying Ability rating of "A-" or above; a Weiss Research, Inc. rating of "B+" or above; a Fitch Ratings, Inc. rating of "A-" or above; or a Moody's Investor Services rating of "A3" or above; OR
 - Backed by the full faith and credit of the government of the exchange visitor's home country.

If you will not have sponsorship through a government, organization, or educational institution, you will be required to purchase insurance through our preferred provider, [UnitedHealthCare](#). The link will provide details on cost and coverage information.

IMPORTANT: I understand that I must have medical insurance that meets all of the above requirements for me, my spouse, and any dependent children who might accompany me to the U.S. I understand that any insurance I purchase must be valid the entire length of my program. I further understand that, if I do not have medical insurance that meets the above requirements or if I do not have coverage that covers me and any accompanying family members for the entire length of my program in the U.S., this is a violation of my visa status for which there may be serious consequences. It is recommended that Exchange Visitors maintain medical insurance for any time they are in the U.S. before or after their program. If I am approved to participate as an Exchange Visitor, I will provide evidence of medical insurance coverage before I arrive in the U.S. By typing my name below, I am affirming that I understand all of the above information.

Type Your Name Above for an Electronic Signature

Date

PART F: Submit Exchange Visitor Application

When submitting your Exchange Visitor application, please attach:

- Copies of passport name pages for the Exchange Visitor and all accompanying dependents.
- Your Curriculum Vitae (CV) or résumé.
- Copies of your diploma or English test results from Part D, if any.
- If bringing a spouse or dependents, attach a completed [Dependent Information for Exchange Visitors](#) form.
- If being sponsored by a government, organization, or university, attach your sponsorship letter.

Email all documents to your contact in the WSU Department.