

J Change of Department



EMORY
UNIVERSITY

International Student and Scholar Programs

North Decatur Building Suite 130 • Emory University • Atlanta, GA 30322
Tel: (404) 727-3300 • Fax: (404) 727-0830 • <http://www.emory.edu/ISSP>

Checklist for Requesting a Change of Department

The following documents must be attached to this signed and completed form:

- DRF Request Form Hard Copy
- Letter of explanation to ISSP: how change of department will allow the scholar to continue his/her original objectives
- Proof of health insurance for Exchange Visitor and any accompanying dependents in J-2 status

Compliance Responsibilities of the Faculty Host

The Hosting Department is responsible for:

NAME OF J EXCHANGE VISITOR: _____

REQUESTED BEGINNING DATE OF PROGRAM IN NEW DEPARTMENT: (mm/dd/yyyy)_____

REQUESTED ENDING DATE OF PROGRAM (mm/dd/yyyy)_____.

- Providing this information with a completed request packet NO LESS THAN 2 WEEKS prior to the requested beginning date of the program IN THE NEW DEPARTMENT AND PRIOR TO THE CHANGE OF DEPARTMENT;
- Verification of the validity of all supporting documents submitted by the intern, prior to submission to ISSP;
- Providing cultural and professional exchange opportunities for the intern;
- Understanding that J Interns, as all Exchange Visitors including any dependents, must be covered by medical health insurance that meets the U.S. Department of State's minimum requirements for the entire duration of the program. Furthermore, understanding that failure to comply with this regulations will result in the automatic termination of the Exchange Visitor's program;
- Reporting any changes regarding this program to ISSP PRIOR to making those changes;
- Requesting any extensions of the program at least two weeks prior to the ending date on the DS-2019 Form;
- Understanding that the Exchange Visitor's program length is limited strictly to the time-frame on the DS-2019 Form and that he/she is expected to return to his/her home country following completion of the program;
- Seeking guidance from ISSP and referring the Exchange Visitor to ISSP relative to employment restrictions and/or visa information regarding the J Intern category.

I hereby certify that I have read the Responsibilities of the Faculty Host and agree to fulfill all requirements.

Emory Supervisor's Name and Signature _____ Date _____

Department Chair's Name and Approval Signature _____ Date _____

Dean/Department Head's Name and Approval Signature _____ Date _____