

VISITING STUDENT RESEARCHER

Direct Affiliation Form

This student has been selected to study in the U.S. as a Fulbright Visiting Student Researcher (VSR) for a period of ____ months, on a J-1 visa sponsored by the U.S. Department of State administered by the Institute of International Education (IIE). If your university agrees to host this student, please complete this form. IIE will issue a DS-2019 upon confirmation of the affiliation and required documentation from the VSR and the relevant Fulbright office.

Candidate Name: _____ Candidate's Home Country: _____

Adviser Information:

Faculty Adviser/Research Mentor: _____ Phone: _____

Faculty Adviser/Research Mentor's Email Address: _____

Local advising is preferred as much as possible. Do you anticipate needing to be away from campus for extended periods of time during this researcher's grant program? _____

Reporting Information:

Please include the date that the Visiting Student Researcher can arrive to start their affiliation.

When is the first day of classes? Although VSRs do not take courses, some may wish to audit courses. _____

Will the candidate be allowed to attend orientation for international students? Yes _____ No _____

If so, when is the first day of orientation? _____

What is the preferred start and end date for the affiliation? _____

Please also include these dates in the letter of invitation. Start date: _____ End date: _____

University Contact Information:

Please list the **International Student Office** contact information below.

Name: _____ Title: _____

Department: _____

Address: _____

Phone: _____ E-mail: _____

Signature: _____ Date: _____

If there is an additional contact on campus that the student should report to upon arrival, please indicate.

Name: _____ Title: _____

Department: _____

Address: _____

Phone: _____ E-mail: _____

Access to University Services:

Please indicate the services this candidate will have access to:

• Workspace	Yes	_____	No	_____
• University ID card	Yes	_____	No	_____
• Full borrowing privileges at the University libraries	Yes	_____	No	_____
• Access to computer facilities	Yes	_____	No	_____
• Account for computer facilities	Yes	_____	No	_____
• Access to appropriate laboratories	Yes	_____	No	_____
• Access to health services	Yes	_____	No	_____
• On-campus housing	Yes	_____	No	_____
• Off-campus housing	Yes	_____	No	_____

Health Insurance:

Fulbright provides Accident and Sickness Program for Exchanges (ASPE) coverage for all Fulbright grantees to meet visa requirements: sevendcorners.com/gov/usdos. Does this meet the minimum requirements for health insurance at your institution?

Yes _____ No _____

Is the researcher **eligible** to enroll in university health insurance? If yes, please include the fee amount in the **cost section**.

Yes _____ No _____

Is the researcher **required** to enroll in university health insurance? If yes, please include the fee amount in the cost section.

Yes _____ No _____

Cost:

Please include the required fees (excluding living expenses): All fees reported on this form are used for budgetary purposes.

	Amount and Frequency (ex: annually/quarterly)		Required?	
Administrative/Departmental fees	_____	Yes	_____	No _____
University Affiliation fee	_____	Yes	_____	No _____
Laboratory fees	_____	Yes	_____	No _____
Recreational facilities	_____	Yes	_____	No _____
Institution health facilities	_____	Yes	_____	No _____
University health insurance	_____	Yes	_____	No _____
Other (specify) _____	_____	Yes	_____	No _____

Signature: Please have this form reviewed by an administrative official that can confirm all portions of this document. By signing this form, **I agree to host the candidate and confirm that all reported fees and access to the university services are accurate and true. The visiting student researcher will not be subject to any additional fees other than the ones specified above.** I also understand that the J-1 visa sponsorship will be administered by IIE.

Name (Print): _____ Title: _____

Department: _____

Host Institution: _____

Signature: _____ Date: _____