



DEPARTMENT QUESTIONNAIRE

J -1 EXCHANGE VISITOR
(NEW OR TRANSFER -IN)
(FY 2020)

Complete ONSCREEN & Submit ELECTRONICALLY
NO HANDWRITTEN REQUESTS WILL BE PROCESSED.
THANK YOU FOR YOUR COOPERATION!

TTUHSC Institutional Compliance
Immigration Compliance & Services
3601 4th Street, STOP 8165
Lubbock, TX 79430
Ph: (806) 799-3429
Email: ICS@ttuhsc.edu

DEPARTMENT REQUEST FOR SCHOLAR SPONSORSHIP

NAME OF DEPARTMENT/SCHOOL: _____

NAME OF EXCHANGE VISITOR: _____

DEPARTMENT FOAP FOR FEDEX BILLING: _____

REQUEST FOR-1

___ Foreign National is outside USA

___ Foreign National is in USA status and will transfer from ~~an program~~ to ~~an program~~

Name of current institution: _____

___ Foreign National is in USA and will need to change ~~visa status~~ to J

___ Foreign National is already at TTU in USA status and needs to extend ~~program~~

PROOF OF ENGLISH LANGUAGE ABILITY

CERTIFICATION OF EXCHANGE VISITOR S ENGLISH LANGUAGE PROFICIENCY

As the Department Sponsor for Exchange Visitor named below, I certify that I established that the Exchange Visitor had proficiency in the English language by one of the following methods:

___ The Exchange Visitor is from a country where the official language is English
Country of Origin: _____

___ The Exchange Visitor took one of the following test, as indicated, within the last 24 months and minimum exam score noted below:

___ IELTS: 6.5 minimum score

___ TOEFL:

___ Paper-based test (PBT): minimum score of 550

___ Computer-based test (CBT): minimum score of 213

___ Internet-based test (IBT): minimum score of 79

___ The Exchange Visitor earned a degree at college or university within the past five (5) years. (May not include a bilingual program of study). Transcripts are attached.

DEPARTMENT GENERAL QUESTIONNAIRE

Department Name:	
Department Address (and STOP: #)	
Department Administrator Contact:	Name: _____
	Phone: _____
	Email: _____
Supervising Professor:	Name: _____
	Phone: _____
	Email: _____
Exchange Visitor Intended Job Title:	
J-1 Category Requested:	<input type="checkbox"/> Professor
	<input type="checkbox"/> Research Scholar
	<input type="checkbox"/> Short-Term Scholar (maximum 6 months)
	<input type="checkbox"/> Specialist
	<input type="checkbox"/> Student Intern
Exchange Visitor Name:	Last Name: _____
	First Name: _____
	Middle Name: _____
Exchange Visitor Email Address:	
Brief Description of Research Focus and Job Duties:	
FullTime/PartTime:	<input type="checkbox"/> Fulltime
	<input type="checkbox"/> Parttime: Hours/week: _____
Is Exchange Visitor Eligible for TTUHSC Benefits	Yes <input type="checkbox"/> No <input type="checkbox"/>
J-1 Program (Employment) Start & End Date: _____	
Exchange Visitor Highest Academic Degree:	
Exchange Visitor's Current Job Title	

