UC Berkeley
International Office

Berkeley International Office
2150 Shattuck Avenue, Suite 500, Berkeley, CA 94704
TEL: (510) 642-2818, FAX: (510) 643-7289
internationaloffice.berkeley.edu
jscholar@berkeley.edu

J-1 Host Faculty Agreement

The U.S. Department of State administers the J-1 program and outlines specific requirements that must be followed when hosting J-1 Exchange Visitors. The responsibilities below are based on federal regulations and must be followed by the hosting faculty and departments to ensure that the campus is in compliance.

J-1 Exchange Visitor (Scholar) Name:	

Pre-Arrival Responsibilities:

J-1 Exchange Visitor's Credentials: The host department has determined that the J-1 Exchange Visitor's program objectives are consistent with their educational and professional experience.

English Proficiency: The host department has verified and documented that the international scholar has "sufficient proficiency in the English language, as determined by an objective measurement of English language proficiency, successfully to participate in his or her program and to function on a day-to-day basis" [CFR 22 62.10(a)(2)].

Providing J-1 Exchange Visitor with Terms & Conditions of Employment Prior to Arrival: At the pre-arrival stage, the host department will provide the J-1 Exchange Visitor with clear information and materials on the terms and conditions of employment (including employer name and address, position duration, job duties, number of work hours, wages, other compensation and benefits, and deductions from wages.

Late Arrival: The host department will notify Berkeley International Office (BIO) of any arrival delays past the appointment and Form DS-2019 start date

Ongoing Responsibilities:

Scholar Advising Support - Monitoring and Welfare: The host faculty will arrange an intake appointment with the scholar upon their arrival and will develop an agreed upon plan for the frequency of meetings to monitor progress of the J-1 Exchange Visitor. The host faculty will monitor the physical location (site of activity), and the progress and welfare of exchange visitor including ensuring that they obtain sufficient advice and assistance to facilitate the successful completion of their exchange visitor program.

Changes in Program: The host department will notify BIO in advance of any changes in the terms and conditions of this J-1 Exchange Visitor's exchange program and UC Berkeley affiliation, including employment or payment not listed on the J-1 Exchange Visitor's DS-2019, and changes to the appointment title or program activities; the host department will monitor the location(s) of the research activity of the exchange visitor and ensure that BIO is notified in advance of any changes to the site(s) of activity and of any extended absences; the host department will ensure that the program activities are predominantly in person.

Early Program Completion: The host department will notify BIO if a J-1 Exchange Visitor ends their program more than 15 days before the original program end date.

Incident Reporting: The host department will notify BIO of any incident for which a report to the Department of State may be warranted, e.g. hospitalizations, deaths, interactions with law enforcement [CFR 22 62.10(d)(2)].

Health Insurance: The host department will ensure that the scholar and his/her family maintain sufficient health insurance as defined by the University and U.S. federal guidelines for the entire duration of the scholar's visit.

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I, the undersigned, agree to comply with the requirements identified by federal regulations governing the J-1 Exchange Visitor Program. I will email the Berkeley International Office (BIO) at jscholar@berkeley.edu if there are any changes to the program.

Host Faculty Name:			
Host Faculty Signature:		Date:	

Acceptable signatures: hand-signed by pen, stylus, or cursor; official DocuSign; Adobe certified.

Extension of Program/Transfer of Program Health Insurance Attestation

Required for J-1 Extension and J-1 Transfer requests only: The J-1 Exchange Visitor must read and sign the following statement. “I agree to maintain health insurance that meets the University and the U.S. Dept. of State requirements for myself and my dependents for the full length of our stay in the U.S. I understand that failure to do so may result in the termination of my J-1 program.”

See requirements on the BIO J Insurance webpage.

J-1 Exchange Visitor Name:			
J-1 Exchange Visitor’s Signature:		Date:	

Acceptable signatures: hand-signed by pen, stylus, or cursor; official DocuSign; Adobe certified.