



**OFFICE OF RESEARCH SUPPORT
AND INTERNATIONAL AFFAIRS**

**INTERNATIONAL VISITING
RESEARCH PROGRAM (IVRP)
APPLICATION**

WELCOME!

MISSION STATEMENT

Gallaudet University

Gallaudet University, federally chartered in 1864, is a bilingual, diverse, multicultural institution of higher education that ensures the intellectual and professional advancement of deaf and hard of hearing individuals through American Sign Language and English. Gallaudet prepares its graduates for career opportunities in a highly competitive, technological, and rapidly changing world.

Office of Research Support and International Affairs

The Office of Research Support and International Affairs strives to fulfill Gallaudet University's mission to encourage, promote, and facilitate scholarly research, and to offer and oversee international and intercultural education opportunities for Gallaudet students and faculty, as well as the global community.

Contact Information

Office of Research Support and International Affairs

- intl.visit@gallaudet.edu (Email)
- 1-202-651-5150 (Voice)
- 1-202-651-5746 (Fax)
- 1-202-618-6835 (Video phone)
- gally.danilo.torres (Skype)

Residence Life - Housing

- Residence.Life@gallaudet.edu (Email)
- 1-202-651-5255 (Voice/TTY)
- 1-202-651-5757 (Fax)
- <https://www.gallaudet.edu/reslife.html> (Website)

Student Health Service

- SHS@gallaudet.edu (Email)
- 1-202-651-5090 (Voice/TTY)
- 1-202-651-5743 (Fax)
- <http://www.gallaudet.edu/shs.html> (Website)

APPLICATION INFORMATION AND CHECKLIST

APPLICATION DOCUMENTS

Listed below are items that need to be completed for admission to the IVRP program at Gallaudet University. Your application cannot be reviewed until we receive all items on the list.

- Completed IVRP Application Form
- Application Processing Fee (\$100)
- Curriculum Vitae
- Goals Statement - Complete both questions on a separate paper, if necessary
- Official Identification (copy of national passport)
- Financial Sources Form (please see further instructions under the Documentation of Financial Sources subheading)
- Certification of Finances (please see further instructions under the Certification of Finances subheading)

APPLICATION/CREDENTIAL DEADLINES

Applications must be received by April 01 for the fall (August - December) semester and October 01 for the spring semester (January - May).

PLEASE NOTE: The application, application fee, and all supporting credentials must be submitted by these dates. Only complete applications will be reviewed. A certified, literal English translation must accompany the original document if it is not in English. Please read the instructions on the following pages carefully and complete all necessary steps.

APPLICATION AND ADMISSION FEE

There is a nonrefundable \$100 application fee payable by check (cheque), international money order, or credit card through our secure online payment, Paynet. If paying by check, it must be drawn from a bank in the United States and show the United States mailing address. The check should be made payable to Gallaudet University. To pay online which is the fastest method, go to our secure online payment page at:

http://www.gallaudet.edu/rsia/international_special_students_visiting_researchers_and_other_scholars/applications_issp_ivrp/ispivrp_payment_instructions.html

After your application has been processed, evaluated and accepted, a \$100 admission fee will be assessed, payable by a check (cheque or, international money order. If paying by check, it must be drawn from a bank in the United States and show the United States mailing address. The check should be made payable to Gallaudet University. Also, you may pay by credit card through our secure payment online:

http://www.gallaudet.edu/rsia/international_special_students_visiting_researchers_and_other_scholars/applications_issp_ivrp/ispivrp_payment_instructions.html

ENGLISH LANGUAGE PROFICIENCY

The IVRP program requires applicants to be proficient in the English language.

OFFICIAL IDENTIFICATION

Due to federal regulations, international applicants are required to provide a copy of their passport. Please make a copy of the page in your passport where your picture is located. The birth date should also be part of this passport page as well.

CURRICULUM VITAE

Please enclosed your Curriculum Vitae (CV) with the application.

FINANCIAL AID/SCHOLARSHIPS

Financial aid and scholarship opportunities are not available. Ensure you have adequate financial resources for the duration of the program.

CAMPUS HOUSING

Campus housing is available. Once your application is complete and you are accepted to the program, you will be mailed your admission packet, which includes an On-Campus Housing Request Form.

FINANCIAL STATEMENT

In order to obtain the immigration document needed to apply for a visa, you need to complete and submit the Certification of Finances Form documenting proof of adequate financial resources for your stay at Gallaudet University. Financial documents indicating value in United States dollars (U.S. \$) must be less than four months old and include the date they were prepared. The purpose of the Certification of Finances Form is to help Gallaudet University obtain complete and accurate information about the funds available for your stay at Gallaudet. The United States Department of State (DOS) and the Department of Homeland Security (DHS) regulations require all international applicants or admitted students to provide evidence of adequate financial support for their studies in the United States. You are required to submit both the complete Certification of Finances Form and original, official documents that show you have sufficient funds.

STUDENT VISA ELIGIBILITY

Once your Certification of Finances Form is submitted, reviewed, and approved, Gallaudet will send you the proper immigration document, Form I-20 or DS 2019, which you will need to apply for a visa.

VISA INFORMATION

Please allow sufficient time—three to six months--when applying for admission to the IVRP program, receiving your immigration documents, and applying for a visa at a United States Embassy in your country. All international students applying for a visa are required to pay a Student and Exchange Visitor Information System (SEVIS) fee. Proof of SEVIS fee payment must be submitted at the visa interview. More information is available at: www.ice.gov/sevis/i901.

If you already an Exchange Visitor present in the United States and wishes to transfer your J Exchange Visitor Program to Gallaudet University, please contact the Gallaudet University Responsible Officer for additional information.

HEALTH INSURANCE

If your application is accepted and you are admitted to the program, visa regulations requires you have have mandatory medical insurance coverage for yourself and accompanying family members (if any) during the period of your stay in the United States. You must provide evidence of coverage to the Office of Research Support and International Affairs on the first day of your arrival at Gallaudet University. The coverage your purchase at home (must have a claim address in the United States) or here in the United States, the minimum coverage should be as follows:

Item	Benefit Amount
Medical Benefits	\$100,000
Repatriation of Remains	\$25,000
Medical Evacuation	\$50,000
Deductible per accident or illness	\$500

The coverage should:

- § Covers pre-existing conditions after a reasonable waiting period
- § Includes provision for co-payment that does not exceed 25%
- § Must be underwritten by an insurance company that meets the rating requirements of the USIA
- § Any accompanying spouse and dependent(s), also may be subject to the requirements of the Affordable Care Act. [22 CFR 62.14(a)]

BIOGRAPHICAL INFORMATION

PLEASE PRINT (WRITE IN BLOCK LETTERS)

Please write as printed on your birth certificate and/or passport)

Mr. Ms. Mrs.

Last Name (surname or family name): _____

First Name (Given name): _____

Middle name (other names): _____

Date of Birth: Month _____ Day _____ Year _____ City of Birth _____

Country of Birth: _____ Country of Citizenship: _____

I am currently : Student Faculty/Staff/Researcher Government employer

Name of the Organization: _____

CURRENT MAILING ADDRESS

Street/P.O. Box/Apartment Number: _____

City: _____ State/Province: _____

Zip/Post Code: _____ Country: _____

Telephone: _____ Video Phone voice Fax: _____
Country code and number Country code and number

E-mail: _____ Skype: _____

Please use my mailing address until: _____

(after this date, all correspondence will be sent to your permanent address)

PERMANENT ADDRESS

Street/P.O. Box/Apartment Number: _____

City: _____ State/Province: _____

Zip/Post Code: _____ Country: _____

Telephone: _____ Video Phone voice Fax: _____
Country code and number Country code and number

E-mail: _____ Skype: _____

EMERGENCY CONTACT INFORMATION

PRIMARY PARENTS/LEGAL GUARDIAN/EMERGENCY CONTACTS

1. **Full Name:** _____
Last name First name Middle name

Street/P.O. Box/Apartment Number: _____

City: _____ State/Province: _____

Zip/Post Code: _____ Country: _____

Telephone: _____ Video Phone voice Fax: _____
Country code and number Country code and number

E-mail: _____ Skype: _____

SECONDARY PARENTS/LEGAL GUARDIAN/EMERGENCY CONTACTS

2. **Full Name:** _____
Last name First name Middle name

Street/P.O. Box/Apartment Number: _____

City: _____ State/Province: _____

Zip/Post Code: _____ Country: _____

Telephone: _____ Video Phone voice Fax: _____
Country code and number Country code and number

E-mail: _____ Skype: _____

STATEMENT OF GOALS

Instructions: We have limited visiting research spaces at Gallaudet University. Your answers to the following questions will help us learn more about you. Please answer both questions completely, using additional paper, if necessary.

Essay Question One: Write a brief description of your educational background or include your curriculum vitae.

Essay Question Two: Provide an abstract of your study description (use a separate page if necessary).

Essay Question Three: Have you identified a faculty or staff on campus you will like to work?

APPLICANT CERTIFICATION

I understand that falsifying or withholding information in completing this application may result in the cancellation of my admission to the IVRP Program and/or registration. I certify that the information provided in this application is true and correct.

Name (please print in block letters): _____

Signature: _____ Date: _____

APPLICATION PAYMENT

A nonrefundable \$100.00 application fee is required and will not be waived. Applications arriving without the application fee will be considered inactive and will not be processed. Please go to <http://goo.gl/S5gGyB> to make your payment.

CERTIFICATION OF FINANCES

2016 - 2017 Academic Year

Please Type or Print Clearly - This information will be used for your DS-2019

Estimated cost of participation <i>The average 2016/2017 Exchange Visitor expense budget includes:</i>	
Tuition (per credit)	\$ 1,900.00 (non-Developing Countries) \$ 1,425.00 (Developing Countries)
Room (estimate/per month)	\$ 1,100.00
Board (estimate/per month)	\$ 700.00
Books (estimate/per semester)	\$ 1,000.00
Personal Expenses (estimate/per semester)	\$ 1,000.00
Health Insurance (estimate)	\$ 1,500.00

Applicant Information

Full Legal Name:

Last Name (Family Name): _____

First Name (Given Name): _____

Middle Name: _____

Gender: Female Male

Date of Birth: Month _____ Day _____ Year _____ City of Birth: _____

Country of Birth: _____ Country of Citizenship: _____

Mailing Address:

Street/P.O. Box/Apartment Number: _____

City: _____ State/Province: _____

Zip/Post Code: _____ Country: _____

Telephone: _____ Video Phone voice Fax: _____
Country code and number Country code and number

E-mail: _____ Skype: _____

Start Date Of Your Program: Month ___ Day ___ Year ___

End Date Of Your Program: Month ___ Day ___ Year ___

The United States Department of Homeland Security, Citizenship and Immigration Services regulations require all international student (F-1) or Exchange Visitor (J-1) applicants to provide evidence of adequate financial support before they may obtain a visa. To demonstrate adequate financial support, you must complete and send this form and original, official documents that show you have sufficient funds or scholarship available to pay for at least the fixed/estimated costs for the duration of your program. All Exchange Visitors are required by regulations to have medical insurance. You are advised to purchase the medical insurance in your country (if applicable) before arriving to begin your program.

Due to time constraints, allow at least two months prior to the start of your program for processing of your Exchange Visitor documents and visa.

Documentation of Financial Support: Listed below are the sources of support you can use to demonstrate adequate financial support. The total amount of funds shown in these support documents should be adequate to cover all of your expenses during the entire stay of your participation in the program. You must obtain two original, official copies of each support document. Attach one copy of each document to this Certification of Finances Form and send it to the Office of International Programs and Services at Gallaudet University. When your documents are received and approved, the Office of International Programs & Services will send you a completed Certification of Eligibility for Exchange Visitor (J-1) status, Form DS-2019. You will take the Form DS-2019 AND your second official copy of the support documents to the American Embassy or Consulate to apply for your Exchange Visitor (J-1) visa.

Indicate below your sources of financial support, OTHER than from Gallaudet University, and attach documentation from each source.

Source	Amount Available	Required Documents
Student Funds	\$	1. Attach bank statement for checking, savings and/or accessible accounts 2. Attach certificates of deposits, mutual funds, stocks or bonds
Support Available from Family/Friends	\$	1. Attach sponsors affidavit of annual cash support 2. Attach bank statement for checking and/or savings 3. Attach certificates of deposits, mutual funds, stocks or bonds.
Support Available from Sponsors	\$	1. Attach sponsors affidavit of annual cash support 2. Attach official letter from sponsor's employer showing annual earnings
Your Government/Embassy	\$	1. Attach official Letter
Charitable Organizations/School Scholarship	\$	1. Attach official Letter
OSAP/Canada Students Loan/VR/Others (Canadians only)	\$	1. Attach official Letter

Applicant Certification

I hereby certify that the total amount of funds that I have available for the duration of my stay in the program is \$ _____ (United States Dollars). Further, I certify that the information I am providing is correct and complete, and that I will notify Gallaudet University of any changes in my financial circumstances. I understand that any misrepresentation may be cause for refusing or revoking admission. I understand that if I am a tourist without the Exchange Visitor (J-1) visa and/or Form DS-2019, I cannot register as a visiting Research Scholar at Gallaudet University.

Signature

Date (Month/Day/Year)

Return the completed form and support documents to:

Gallaudet University
Office of Research Support and International Affairs
800 Florida Avenue NE,
Washington DC 20002-3695 UNITED STATES



<http://www.gallaudet.edu/rsia.html>

Gallaudet University is an equal opportunity employer/educational institution and does not discriminate on the basis of race, color, sex, national origin, religion, age, hearing status, disability, covered veteran status, marital status, personal appearance, sexual orientation, family responsibilities, matriculation, political affiliation, source of income, place of business or residence, pregnancy, childbirth, or any other unlawful basis.

Make a copy for your records. Return all forms to: Gallaudet University, Office of Research Support and International Affairs, Dawes House, Washington, DC 20002-3695. UNITED STATES. Telephone: +1-202-651-5150; FAX: +1-202-651-5746; E-mail: intl.visit@gallaudet.edu, gally.danilo.torres (Skype), +1-202-618-6835