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**INTERNATIONAL AFFAIRS**

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

**IS THIS APPLICATION RIGHT FOR YOU?**

You should apply for the international Special Student Program (ISSP) if you are interested in spending a semester or two at Gallaudet University as a student. For information and application packet, visit:

[https://www.gallaudet.edu/research-support-and-international-affairs/international-affairs/international-visiting-students-researchers-and-other-scholars/international-special-student-program-\(issp\)](https://www.gallaudet.edu/research-support-and-international-affairs/international-affairs/international-visiting-students-researchers-and-other-scholars/international-special-student-program-(issp))

# 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 International Affairs

The Office of 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 International Affairs

- [intlsupport@gallaudet.edu](mailto:intlsupport@gallaudet.edu) (Email)
- 1-202-651-5150 (Voice)
- 1-202-651-5746 (Fax)
- 1-202-250-2366 (Video phone)
- +1-202-459-3108 SMS/text

# 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, quikpay. 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:

[https://quikpayasp.com/gallaudet/commerce\\_manager/payer.do?orderType=InternationalSpecialPrograms](https://quikpayasp.com/gallaudet/commerce_manager/payer.do?orderType=InternationalSpecialPrograms)

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:

[https://quikpayasp.com/gallaudet/commerce\\_manager/payer.do?orderType=InternationalSpecialPrograms](https://quikpayasp.com/gallaudet/commerce_manager/payer.do?orderType=InternationalSpecialPrograms)

## 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

On-campus housing is currently not available. Once your application is complete and you are accepted to the program, you are encouraged to seek accommodation off-campus through Airbnb, International House and/or through such organizations.

## 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](http://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 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 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  
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  
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  
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  
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 the link below make your payment.

[https://quikpayasp.com/gallaudet/commerce\\_manager/payer.do?orderType=InternationalSpecialPrograms](https://quikpayasp.com/gallaudet/commerce_manager/payer.do?orderType=InternationalSpecialPrograms)



# CERTIFICATION OF FINANCES

2020 - 2021 Academic Year

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

| <b>Estimated cost of participation</b><br><i>The average 2019/2020 Exchange Visitor expense budget includes:</i> |                                                                              |
|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| Tuition (per credit)                                                                                             | \$ 2,020.00 (non-Developing Countries)<br>\$ 1,515.00 (Developing Countries) |
| Room (estimate/per month)                                                                                        | \$ 1,500.00                                                                  |
| Board (estimate/per month)                                                                                       | \$ 800.00                                                                    |
| Books (estimate/per semester)                                                                                    | \$ 1,000.00                                                                  |
| Personal Expenses<br>(estimate/per semester)                                                                     | \$ 500.00                                                                    |
| 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  
Country code and number

E-mail: \_\_\_\_\_ Skype: \_\_\_\_\_

Start Date Of Your Program: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

End Date Of Your Program: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Make a copy for your records. Return all forms to: Gallaudet University, Office of International Affairs, Dawes House, Washington, DC 20002-3695. USA.  
Telephone: +1-202-651-5150; FAX: +1-202-651-5746; E-mail: [intlsupport@gallaudet.edu](mailto:intlsupport@gallaudet.edu), +1-202-250-2366

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<br>2. Attach certificates of deposits, mutual funds, stocks or bonds                                    |
| Support Available from Family/Friends                | \$               | 1. Attach sponsors affidavit of annual cash support<br>2. Attach bank statement for checking and/or savings<br>3. Attach certificates of deposits, mutual funds, stocks or bonds. |
| Support Available from Sponsors                      | \$               | 1. Attach sponsors affidavit of annual cash support<br>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)

Make a copy for your records. Return all forms to: Gallaudet University, Office of International Affairs, Dawes House, Washington, DC 20002-3695. USA. Telephone: +1-202-651-5150; FAX: +1-202-651-5746; E-mail: [intlsupport@gallaudet.edu](mailto:intlsupport@gallaudet.edu), +1-202-250-2366

## HOSTING DEPARTMENT J-1 SCHOLAR REQUEST

Hosting department should complete or have the scholar complete pages 3-8, while this section, pages 8-9, is to be completed by the hosting department only. Ensure all appropriate signatures have been obtained. Forward completed forms to IA with all required attachments listed on page 2.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Information about the Department</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| Host Department Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| J-1 Scholar Position/Title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| Host Department Chair                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
| Host Faculty Professor/Supervisor/Mentor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| Host Department Telephone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| Host Department Email                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
| <b>Information on Mandatory Insurance Requirements</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
| <p>Check one:</p> <p><input type="checkbox"/> This individual will be eligible for participation in the insurance plans offered by Gallaudet University to its employees.</p> <p><input type="checkbox"/> This individual will not be covered by the Gallaudet University health plans. Instead he/she will obtain insurance independently.</p> <p>All J-1 scholars and J-2 dependents must maintain health insurance that is valid throughout their period of stay in J-1 status. As mandated by federal law, this insurance must cover at least \$100,000.00 per accident or illness, \$50,000.00 for medical evacuation, and \$25,000 for repatriation of remains. Scholars are required to provide proof of health insurance coverage to IA.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| <b>English Language Ability/Academic Qualifications</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| <p>J-1 regulations effective January 5, 2015 require that IA obtain an objective measurement of the prospective J-1 scholar's proficiency in the English language and/or American Sign Language, sufficient to participate in his or her program and to function on a day-to-day basis.</p> <p><u>Required Host Professor Certification:</u></p> <p>I certify that the J-1 scholar has sufficient academic qualifications and English language and/or American Sign Language proficiency to participate fully in this J-1 program and function in the United States on a day-to-day basis. I have verified this through:</p> <p><input type="checkbox"/> Scholar has taken an English language test that demonstrates English language proficiency.</p> <p><input type="checkbox"/> In-person/Telephone/Skype/videoconference interview date: _____<br/>Name/title of interviewer: _____</p> <p><input type="checkbox"/> Scholar has obtained a degree from an educational institution in the United States or another English speaking country.</p> <p><input type="checkbox"/> I have a prior working relationship and have collaborated/worked with this scholar for _____ (period of time), and I evaluated his/her English language proficiency on _____ (date).</p> |  |
| <b>Department Attestation</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| <p>In compliance with federal regulations governing the J-1 Exchange Visitor Program, we certify that, to the best of our knowledge, the information contained in this request form is true and accurate. Furthermore, we certify:</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |

- 1) That the individual's program of research/teaching is consistent with his/her professional background and experience; and
- 2) That he/she has sufficient proficiency in the English language to participate fully in the program and function on a day-to-day basis in the United States.

As the University sponsor of the scholar, we agree that we will:

- 1) Ensure that the scholar attends orientation at IA within 30 days of the start date of the DS-2019;
- 2) Ensure that the scholar's activities at Gallaudet are consistent with the objectives listed on his/her DS-2019;
- 3) Monitor the progress and welfare of the scholar, providing any assistance/advice needed to facilitate the successful completion of the program;
- 4) Ensure that the scholar obtains and maintains a health insurance policy for him/herself and his/her dependents for the duration of his/her J-1 program;
- 5) Notify the IA of any changes in the scholar's program, including employment or payment not listed on the scholar's DS-2019; and
- 6) Notify IA in writing when the scholar has completed or withdrawn from the program prior to the ending date on his/her DS-2019.

Further, we acknowledge that the scholar cannot be a candidate for a tenure track position. We understand that he/she can, however, occupy a position temporarily, even if the position is normally tenured or tenure-track; for example, as a visiting professor in a position held by a tenured professor who is on sabbatical.

If this J-1 request is submitted for a foreign medical graduate, the program meets the following requirements:

- 1) The program is predominantly involved with observation, consultation, teaching, or research;
- 2) Any incidental patient contact will be under the direct supervision of a U.S.-licensed faculty member;
- 3) The foreign medical graduate will not be given final responsibility and decision-making on diagnosis and treatment of patients;
- 4) Any activities of the foreign medical graduate will conform to District of Columbia or state regulations or licensing requirements for medical health care professions in the District of Columbia or state in which the foreign medical graduate is pursuing the program; and
- 5) Any experience gained in this program will not be creditable towards any clinical requirements for medical specialty board certification.

### Required Signatures

| Required Signatures                                 |  |      |  |
|-----------------------------------------------------|--|------|--|
| Host Department Chair                               |  | Date |  |
| Host Department Faculty Supervisor/Professor/Mentor |  | Date |  |
| Host Department Dean                                |  | Date |  |
| Provost                                             |  | Date |  |

**Return the completed form and support documents to:**

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



<http://www.gallaudet.edu/ia>

*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.*