

### COLLEGE AND DEPARTMENT CERTIFICATION

By signing below the department acknowledges and agrees to the following [requirements and responsibilities for hosting an Exchange Visitor](#).

1. The NC State host department certifies that the Exchange Visitor is eligible to participate in the J-1 Exchange Visitor Program and that the Exchange Visitor's proposed objectives and activities (as defined together by the Exchange Visitor and faculty supervisor) are temporary and consistent with the objectives of the Exchange Visitor Program, the proposed J-1 category, and the goals, strengths, and interests of the host department.
2. The NC State host department and faculty supervisor certify that the Exchange Visitor is eligible for the assigned HR appointment per HR policies and procedures and commit to complete the appropriate employment forms and appointment steps in the HR system.
3. The NC State host department and faculty supervisor certify that the Exchange Visitor is proficient enough in the English language to successfully participate in his or her program and to function on a day-to-day basis as required by the J-1 program regulations found in 22 CFR 62.
4. The NC State host department will provide sufficient training, resources and oversight in the department for adequate supervision and safety for the Exchange Visitor. The NC State faculty sponsor whose signature appears below will supervise the Exchange Visitor and the proposed activities.
5. The NC State host department will mail the DS-2019 to the Exchange Visitor, monitor the Exchange Visitor's arrival schedule, and [schedule a check-in appointment](#) for the Exchange Visitor (and dependents, if applicable) to be attended immediately after arrival. The NC State host department understands the responsibility and agrees to assist the Exchange Visitor in getting settled in the Raleigh area.
6. The NC State host department and faculty supervisor understand that Exchange Visitors are required by the immigration regulations to [maintain minimum levels of health insurance](#) for themselves and any accompanying dependents for the entire duration of the J-1 program and that a willful failure to maintain the required insurance may result in termination of the Exchange Visitor's J-1 program. The host department understands that that the 70/30 State Health Plan does NOT meet the minimum requirements.
7. The NC State host department [will notify OIS](#) in advance of any changes to the Exchange Visitor's program including (but not limited to) changes in program dates (change start date, extend or shorten end date), activities (adding/removing duties) weekly hours (may not drop below 30), site of activity (including adding additional sites of activity), NCSU pay, pay status, external funding, supervisor, host department.
8. The NC State host department will notify OIS when an Exchange Visitor completes their stay and leaves, is terminated from his/her appointment, decides to transfer to another program sponsor, or does not return/continue after travel abroad.

Name of the Department Personnel Representative

Email

Phone number

Signature of Dep. Pers. Representative

Date

Name of Faculty Sponsor

Email

Phone number

Signature of Faculty Sponsor

Date

Name of Department Head

Email

Phone number

Signature of Department Head

Date

#### Dean-level signature required by the following colleges: CoD, CoE, CoM, CoT and CVM.

Name of the College Dean

Email

Phone number

Signature of College Dean

Date

#### College-level HR Representative signature required for all CALS departments

Name of the College-level CALS HR representative

Email

Phone number

Signature of CALS HR representative

Date