

## Department Request Form (DRF) J-1 Exchange Visitors

### PROSPECTIVE VISITOR INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Tufts Department \_\_\_\_\_ Faculty Sponsor \_\_\_\_\_

Job Title \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Job title must concur with the title used on the Personnel Action Form, Contract or Agreement Letter

Visa Request Fee	
J-1 Initial	\$650
J-1 Extension	\$350

#### Visa Request Type:

☐ J-1 initial (for first time, returning or transfer visitors)

☐ J-1 extension (for visitors currently at Tufts)

**Please note:** The fees described are costs for the International Center's visa services. For visa applicants funded by the department, the sponsoring department must pay these fees. Self-sponsored visa applicants should pay via the portal below.

☐ **The scholar will be funded by the department**

Dept. ID \_\_\_\_\_

Project Grant # \_\_\_\_\_

☐ **The scholar is self-funded (J-1 only)**

**\*Please inform your incoming scholar of the payment portal. Follow the link to [Flywire](#).**

Tufts I-Center has partnered with Flywire to streamline visa request fee payments for our international scholars. Flywire offers multiple payment options and excellent foreign exchange rates. Flywire only accepts payments from non-U.S. (foreign) accounts. The scholar can find this link on the main page of ISD when they log in.

### **Acknowledgment of Department Responsibilities**

By requesting a J-1 visa for the scholar named above, the Department acknowledges that they are responsible for notifying the I-Center of the following:

1. Changes that affect the J-1 scholar such as funding, position and/or title, and transfer to other Departments
2. Termination of employment, early departures, or transfer to another U.S. institution
3. The scholar's intent to work outside of Tufts

### REQUIRED APPROVAL

☐ By checking this box, you understand that if applicable, your department will be charged the above listed amount and have obtained approval from the Dean and/or Department Chair as needed.

**Name of person completing this form:** \_\_\_\_\_ **Date:** \_\_\_\_\_