

This form should be completed by the Department Head and returned to the Sponsoring Faculty member. The Sponsoring Faculty member should upload this form as part of the [Initial J-1 Exchange Visitor Sponsoring Faculty Scholar/Professor Request Form](#).

Scholar & Department Information:

Prospective Scholar/Professor Full Name:

Faculty Sponsor Full Name:

Department Head Full Name:

Department Head Email Address:

Department Head Phone Number:

Acknowledgements & Confirmations:**Please sign and date below to confirm the following:**

- I acknowledge that I have discussed and approved the above-named J-1 Exchange Visitor sponsored by the above named Faculty Sponsor.
- I agree to ensure that the EV reports to ISSS upon arrival for the required U.S. government check-in and orientation within 10 days of the program start date.
- I agree to notify ISSS of any changes in the arrival and/or departure date and/or if the EV departs Stevens/the U.S. before the agreed program completion date stated on DS-2019.
- I agree to be responsible for monitoring the day-to-day work, activities, and progress of the EV. During the EV's program participation, I will not be on sabbatical or away for a prolonged period.
- I agree to notify ISSS of any changes to the EV's program, including the EV's failure to comply with the original objective of the exchange program.
- I understand that the EV and dependents must have health and accidental insurance throughout the duration of their program as mandated by federal regulations.

Department Head Signature:

Date: