THE CORDELL HULL FOUNDATION
for International Education

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MEMO OF UNDERSTANDING
BY CHF APPLICANT FOR J-1 VISA EXCHANGE VISITOR SPONSORSHIP

By signing this memo, I attest that I understand the following conditions applicable to me as a J-1 visaholder:

1. TWO-YEAR HOME-COUNTRY PHYSICAL PRESENCE REQUIREMENT
   Section 212(e) of the Immigration and Nationality Act and PL 94-484, as amended
   Exchange Visitor Teachers who are acquiring a skill which is in short supply in their home country will be subject to the two-year home-country residence requirement. This means that I may be required to reside in my home country for the two years following completion of my J-1 visa term before I am eligible for immigrant status, temporary worker *(H)* status or intracompany transferee *(L)* status, if teaching is on the Exchange Visitor Skills list or if my stay is financed in any part by my native country.

2. HEALTH INSURANCE: J-1 Exchange visitors are required to have medical insurance in effect for themselves and any accompanying spouse and minor children on J visas for the duration of their exchange program. At a minimum, my health insurance coverage shall include: (1) medical benefits of at least U.S. $50,000 per person per accident or illness; (2) repatriation of remains (return of body in event of death) in the amount of U.S. $7,500; and (3) expenses associated with medical evacuation in the amount of U.S. $10,000. My health insurance policy shall not have a deductible that exceeds U.S. $500 per accident or illness.

3. I understand that the Exchange Visitor Program regulations, 22 CFR Part 62.14, require that I understand and execute the necessary steps to obtain J-1 visa approval in my home country. If granted a J-1 visa, I agree to abide by these regulations and CHF's Exchange Visitor Program rules and mission.

4. CHF and the host school / district reserve the right to revoke or terminate the J-1 visa program. Grounds for such action include, but are not limited to, the following: violation of the laws of the United States, misconduct, unsatisfactory performance as a teacher, failure to complete the teaching position because of voluntary termination—including premature departure, engaging in unauthorized income-producing activities, lack of funding or other activities that in the judgment of CHF and/or the host school or district are inconsistent with the purposes and best interests of the J-1 Exchange Visitor Program.

5. NON-TRANSFERABILITY. I understand that my J-1 visa is linked to the school to which I was invited to work; that I may not transfer to another school for the optional second and third years on a J-1 visa outside the Cordell Hull Foundation Exchange Visitor Program. Under very rare circumstances will this be permitted; never if advance permission from CHF is not obtained.

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7. INCOME TAX DEDUCTIONS:
   I understand that some foreign countries—but not all—have tax treaties with the United States. Such a treaty might exempt a J-1 visaholder from U.S. income taxes. I agree to (1) prepare all necessary documents to obtain any tax refund due me, if applicable, and to (2) pay all my income tax obligations in my home country and the U.S. according to regulations of both countries. I understand that the host school is not obligated to exempt taxes on my behalf.

8. I hereby agree to either obtain an international credit card or to show proof of at minimum the equivalent of US Dol. $1,500 in my bank account prior to arrival in the United States to help set up residency and purchase personal items during my first six months in the U.S. I understand that the requirements for me to qualify for a U.S. credit card could be up to six months' residency.

9. I hereby agree to attend a one-day Cordell Hull Foundation J-1 Exchange Visitor Orientation prior to or during the first months of my exchange teacher program. I understand that it is my responsibility to book a flight to arrive in time to attend the scheduled workshop for my particular program, whether in New York City or in the city where I will teach. In the event travel costs must be incurred to attend, I will be responsible for this expense if my school does not cover transportation, lodging, etc. I agree to attend this orientation if it is scheduled on a Saturday or evening. I understand that attendance is part of my obligation as a J-1 exchange visaholder.

Signed:_____ Date: _____

PRINT:_____
FIRST NAME MIDDLE NAME LAST NAME

Address in home country:_____

Telephone no. in home country:_____

email address:_____

J-1 VISA EXCHANGE VISITOR SPONSORSHIP APPROVED:

_____ Date: _____
CORDELL HULL FOUNDATION FOR
INTERNATIONAL EDUCATION

I have read, understood and signed this form. Under penalty of perjury, I understand that any misstatements of fact in this document may constitute grounds for revocation of my employment and J-1 exchange visa status.

☐ Check here

Sign and fax both pages of this form to the Cordell Hull Foundation for International Education:
Fax no.: **646-349-3455**