J-1 PROFESSOR APPLICATION

Date: __________________________

Last Name: ____________________  First Name: ___________________  Middle Name:_________________

Gender: ________________________

Date of Birth: ______________________

Address: ____________________________________________________________

City: _________________________________  State: ____________________  Zip Code: ____________

Country: __________________________________________________________________________

Phone Number: _____________________  Fax Number: ________________________________

Email Address: _______________________________________________________________

Seminary Contact (if applicable): ____________________________________________________

Educational Background (applicants must have an M.A. and/or Ph.D.):

Institution: __________________________________ Degree: __________________________

Concentration______________________ Graduation Year:______________________________

Will a J-2 dependent accompany you to the U.S.? ________________________________

Children must be under the age of 21 years old and unmarried.

List each dependent’s name, relationship to you, and email address

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Financial Sponsor: (i.e., self, name of: institution, organization, home country’s government, employer)

Sponsor Name: _______________________________________________________________

____________________________________________________________________________________
Address: ________________________________________________________________

Telephone Number: ___________________________ Email: __________________________

Guarantee of Financial Support: Please submit financial support documentation with current date with your application. Acceptable documentation is a current official bank statement on bank letterhead noting funds in U.S. currency; or official scholarship letter on applicable letterhead, stating the amount awarded to you for the duration of your time here. Please be sure that the financial support covers all expenses as outlined in the document titled “J-1 Professor Applicant Fees & Related Information.” Please be sure the funding amount covers the living expenses of all J-2 dependents if applicable.

DATES REQUESTED FOR STAY:

First Choice  ________________to_____________________
Second Choice ________________to_____________________

Have you ever been issued a J-1 visa? ___________________________________________
If so, what was the duration? Start date:_________________ End date:_________________

What was the category? __________________________________________________________

Have you ever been in the United States? ___________________________________________
If so, please list the category and/or duration of stay below:

Category: __________ Start date:______________ End date:_____________________

Housing:

☐ I would like to rent a room on the Hartford Seminary campus (if available)
   *Room rental is intended for individual professors only

☐ I will secure off campus housing for myself and my dependents.

Please send this application along with the supplemental information required below:
- a formal letter of application (addressed to President Joel Lohr below), stating the subject you would like to teach, lecture, observe or consult in during your time at Hartford Seminary;
- your current CV
- one letter of recommendation from a colleague or advisor;
- take the Test of English as a Foreign Language (TOEFL) and achieve a minimum score of 550 (written version), 213 (computer version) or 80 (internet version). Or take the International English Language Testing System (IELTS) examination and achieve a minimum score of: 6.5

Please submit a copy of your scores with your application
- Submit a writing sample
- International Background Check Disclosure Form (please note that this will be sent upon acceptance)
Short Interview:
A short interview with the Academic Dean or a Faculty member will be required by telephone or Zoom teleconferencing. You will be contacted to schedule an interview upon a review of your completed application.

The completed application and supplemental documents should be sent three months prior to your proposed start date. Please read the document titled, “J-1 Professor Applicant Fees and Related Information.” Hartford Seminary’s fee for professors and additional fees are stated. In addition, the cancellation policy is outlined.

SIGNATURE OF CONFIRMATION:
Your signature below confirms that all of the information supplied in this application is correct and honestly presented.

______________________________________________  ________________________
Signature of Applicant                              Date

Please send complete application to:
President Joel Lohr
Hartford Seminary
77 Sherman Street
Hartford, CT 06105

OFFICE USE ONLY

DATE APPLICATION RECEIVED: _______________________

DATE OF INTERVIEW: ________________________________

COMMITTEE DECISION ON APPLICATION: __________________

DATES ACCEPTED FOR: ____________________________

FACULTY LIAISON: __________________________________

HOUSING STATUS: _________________________________

Interviewer: _________________________________________

Comments: