**Academic/Operating Unit Line 1**

**Academic/Operating Unit Line 2**

Department/Center/Institute/Program/Other Line 1

Department/Center/Institute/Program/Other Line 2

123 Building

1234 Street Name

City, OH 12345-6789

614-123-4567 Phone

614-123-4567 Mobile

614-123-4567 Fax

Name.#osu.edu

osu.edu

department.osu.edu

**Month XX, 20XX**

Sample Q. Sample  
123 Street St.  
Columbus, OH 43210

**Re: Letter of Invitation**

Dear [Name],

I am pleased to invite you to be a J-1 Exchange Visitor at The Ohio State University in the Department of [ ]. This offer is effective from [mm/dd/yyyy] through [mm/dd/yyyy]. During this time, you will be involved in [include all that apply: research/teaching/observation or consultation on ].

**[Paragraph for Ohio State funding]**

This offer includes a [stipend or salary] of $ per [month/year] for a total amount of $ during your entire stay. We will provide you with office space, the use of a computer and access to the university library.

**Or**

**[Paragraph for non-Ohio State funding]**

I understand you will be providing your own funding to take care of your expenses, including required health insurance. However, we will provide you with office space, the use of a computer and access to the university library.

Immigration laws require all J-1 scholars and J-2 dependents, regardless of source of funding, maintain a minimum amount of health insurance coverage during their entire stay in the United States. [Learn more about required health insurance.](https://oia.osu.edu/scholars/j-1-visiting-scholars/required-health-insurance)

**[Paragraph for Ohio State health insurance benefit-eligible employees]**

As an employee, you are eligible for [The Ohio State University Health Plans](https://hr.osu.edu/benefits/medical/). However, in addition to your Ohio State health insurance plan, you must purchase supplemental insurance for medical evacuation and repatriation. When [enrolling in the medical evacuation and repatriation plan](https://www.gallagherstudent.com/students/user-login.php?idField=1133), select “Optional Supplemental Enroll” in the left column.

**Or**

**[Paragraph for non-benefit eligible scholars or employees]**

Since you are providing your own program funding, you are eligible for the Ohio State’s Gallagher Accident and Sickness Plans. These plans are offered only to Ohio State J-1 scholars and their J-2 dependents. Visit [Ohio State's Gallagher Accident and Sickness website](https://www.gallagherstudent.com/students/student-home.php?idField=1133) to see the current plan offerings, including medical evacuation and repatriation plans.

This invitation is contingent upon the university’s verification of credentials and other information required by law and/or university policies, including but not limited to a domestic and/or international criminal background check. You will soon receive an email from [iss@osu.edu](mailto:iss@osu.edu) providing your Temporary ID and password to access your J-1 application in IntBuckeye. Complete all required e-forms and notify your department contact immediately afterwards to finalize your case submission. I look forward to meeting you and working with you during your visit.

Sincerely,

[Name of sponsor]

[Email of sponsor]