

**Department Request for a DS-2019
For a Research Scholar, Short Term Scholar,
Visiting Professor or Student Intern**

Please complete the entire form. Any missing information can cause delays. Submit completed form to International Student and Scholar Services, 104 International Student Center; by email to pappy@ksu.edu; or by fax to 532-6607.

VISITOR'S NAME: _____
Family Name First Name Middle Name

**PLEASE NOTE THAT THE NAME SHOULD MATCH THE NAME AS IT APPEARS IN THE PASSPORT EXACTLY.*

EMAIL ADDRESS FOR EXCHANGE VISITOR: _____

IS THE EXCHANGE VISITOR CURRENTLY IN THE U.S.? No Yes

If yes, is he/she currently a J-1 Scholar or Professor? No Yes

**If transferring from another program, attach copies of all previous DS-2019's. Time spent under previous J-1 program will count toward the 5-year maximum stay. The J-1 Exchange Visitor must complete the International Scholar Transfer-In Form and submit it to International Student and Scholar Services.*

HAS THE EXCHANGE VISITOR EVER BEEN A J-1 EXCHANGE VISITOR OR J-2 DEPENDENT IN THE U.S.?

No Yes

If yes, on a separate page, please list all dates in J status and indicate the J category. Attach copies of all DS-2019's.

DATE OF BIRTH: _____ MALE FEMALE
Month Day Year

PLACE OF BIRTH: _____
City Country

COUNTRY OF CITIZENSHIP: _____

COUNTRY OF LEGAL PERMANENT RESIDENCE: _____

POSITION IN HOME COUNTRY: Undergraduate Student
(Name of overseas institution) _____

Graduate Student

University Teaching Staff or Researcher

Other _____ (Be specific. For example, Researcher in a private company.)

REQUESTED CATEGORY: Research Scholar (3 weeks to 5 years)
 Short-term Scholar (1 day to 6 months) *Note that a short-term scholar cannot be extended beyond six months.*
 Professor (3 weeks to 5 years)
 Student Intern (maximum 12 months)

Brief, concise, non-technical description of activities of Exchange Visitor/Intern at K-State

NUMBER OF ACCOMPANYING DEPENDENTS: _____ If dependents will accompany Exchange Visitor, then complete the Request for a Dependent DS-2019.

PROGRAM BEGIN DATE: _____ PROGRAM END DATE: _____
If 6 months or less, will the department want to extend the stay beyond 6 months?
 Yes No

SOCIAL SECURITY NUMBER (If visitor has one): _____

FINANCIAL SPONSOR: Check all that apply. Funding should be at least \$1200 per month for the J-1. If there are dependents, then there should be \$583 per month for each of the first two dependents. For each additional dependent \$275 per month will be needed.

- | | Amount of support (in dollars) | |
|------------------------------|--------------------------------|---|
| a. K-State department | \$ _____ | <input type="checkbox"/> monthly <input type="checkbox"/> yearly <input type="checkbox"/> length of program |
| b. Visitor's home government | \$ _____ | <input type="checkbox"/> monthly <input type="checkbox"/> yearly <input type="checkbox"/> length of program |
| c. Personal funds | \$ _____ | <input type="checkbox"/> monthly <input type="checkbox"/> yearly <input type="checkbox"/> length of program |
| d. Other | \$ _____ | <input type="checkbox"/> monthly <input type="checkbox"/> yearly <input type="checkbox"/> length of program |
- If other, specify source: _____

Please attach verification of funding (if funding source is other than K-State) AND a copy of the invitation or offer letter.

Name of faculty member/intern supervisor requesting the DS-2019

Sponsoring Department: _____

Department Address: _____

Contact (if other than faculty member requesting the DS-2019):

Email: _____ Phone: _____

Today's date: _____

COMPLETED DS-2019:

The department wishes ISSS to send DS-2019 directly to Exchange Visitor. The document will be sent via Federal Express and will be charged to the department. If you choose this option, please provide the following information. If you would like us to include the invitation letter along with the DS-2019, send the original to ISSS along with this Request.

- Department's central mail meter number: _____
- Address **and** phone number (*required*) of the Exchange Visitor

Will be picked up. Contact _____ at _____

Send via campus mail to:

Name: _____

Address: _____

The request for Research Scholars, Short Term Scholars and Professors must have the approval of the Unit Head, Dean and Provost. The faculty member initiating this request understands the rules associated with exchange visitors. (See <http://www.k-state.edu/iss/j-1/index.html>).

Signature of faculty member *Date*

Signature of Dean *Date*

Signature of Unit Head *Date*

Signature of Provost *Date*