

REQUEST FOR DS-2019

The University assumes responsibility of some magnitude in undertaking visa sponsorship for a visiting international scholar. The Center for International Education depends on programs to provide complete and accurate information about visitors and their funding. We, in turn, are responsible for guaranteeing this information to the US government. **PLEASE PROVIDE THIS AT LEAST 90 DAYS PRIOR TO THE SCHOLAR'S ARRIVAL DATE.**

The following information is necessary for CIE to prepare form DS-2019. A visiting scholar needs this document in order to get a J visa to come to the University of Northern Colorado, to extend his/her J status, or to transfer to another program. **NOTE: THIS REQUEST REQUIRES THE SIGNATURE OF THE INVITING UNC FACULTY MEMBER.**

SCHOLAR'S PERSONAL DATA: (Please attach a copy of passport biodata page.)

Family Name _____ First Name _____ Middle Name: _____

Male Female Date of Birth (mm/dd/yyyy) _____ Email: _____

City of Birth _____ Country of Birth _____ Country of Citizenship _____

Country of Legal Permanent Residence _____

Position / Occupation in Country of Residence _____

Dates of appointment at UNC: From _____ (mm/dd/yyyy) To _____ (mm/dd/yyyy)
(Maximum time span of 3 years - funds must be reasonably assured)

UNC Title: _____

(Professor, Scholar, Short-term Scholar)

UNC Duties: (check primary activity): Teaching

Research

Specify Academic Field: _____

Other _____

Address where the Exchange Visitor will be conducting their activity:

Address 1: _____ Address 2: _____

City: _____ State: _____ Zip: _____

- This request is for:
- Beginning a new program at UNC
 - Extension of a current UNC program
 - Transfer from a different J program to UNC J program

If this request is for an extension, please provide the scholar's actual physical address in the US (This information is required by DHS):

Line 1: _____

Line 2: _____

City, State, Zip: _____

PREVIOUS TIME IN J STATUS

Has the scholar visited the U.S. in J status in the last 12 months? Yes No **if yes, please include photocopies of the scholar's previous DS/2019's. **

SOURCE & AMOUNT OF EXCHANGE VISITOR'S FINANCIAL SUPPORT FOR THE PERIOD ABOVE (Min Amt: \$15000/yr for scholar, \$4050/yr for spouse, \$4000/yr per child.) Be specific. Attach documentation of financial support from any source other than UNC administered funds. We need a TOTAL DOLLAR figure for the time period listed above.

TOTAL Funds from or administered by the University of Northern Colorado: \$ _____

(The person who signs this form is responsible for assuring payment of these funds)

☆ Please indicate if the scholar will be on UNC Payroll: Yes No

☆ If yes, the employee ID number, if known: \$ _____

☆ NOTE: Scholars CANNOT use student job classes. Common titles for scholars are Professional Research Associate (for research positions), and Visiting Professor, Instructor, and Lecturer (for teaching positions). Teaching assistant and research assistant are classifications for STUDENT EMPLOYEES and not appropriate for J scholars.

TOTAL AMOUNT from Exchange Visitor's government: \$ _____

TOTAL AMOUNT from Other organizations (including home university): \$ _____

TOTAL Personal funds, including sabbatical leave: \$ _____

ATTACH DOCUMENTATION FOR EACH SOURCE **Documentation for personal funding may consist of a personal statement from the visitor backed up by a bank statement or University letter regarding sabbatical leave, etc.

FAMILY MEMBERS ACCOMPANYING SCHOLAR:

Name (Family, first, middle name)	Relationship To Scholar	Date of Birth (mm/dd/yy)	City & Country of Birth	Country of Citizenship	Country of Legal Permanent Residence

(If the exchange visitor plans to bring family members, please complete the chart above. Dependents will need J2 visas. **PLEASE INCLUDE COPIES OF PASSPORT BIODATA PAGES FOR DEPENDENTS.**)

FACULTY SIGNATURES

The program director responsible for inviting the scholar must sign this form.

I accept responsibility for the accuracy of the information on this form, for sponsoring the scholar at the University of Northern Colorado, and for reporting to the Center for International Education the termination and / or departure of the scholar from the University. I understand that federal regulations require scholars to check in at CIE as soon as they arrive in Greeley.

I will inform CIE if the scholar is arriving later than the program start date so that the start date can be amended. I understand that the scholar's record may be terminated if they fail to check in with CIE within 30 days of the program start date listed on this form.

Responsible faculty member: _____
(Signed) (Printed)

Person responsible for financial support: _____
(Signed) (Printed)

I acknowledge that the University of Northern Colorado agrees to pay the scholar identified here the amount listed above.

Director: _____ Program: _____

Campus Box _____ Telephone _____ Email _____ Date _____

