

Pine Dale Hall, Suite 7123 285 Old Westport Road North Dartmouth, MA 02747 Phone: 508-910-6633 Fax: 508-910-6588 Email: INTL_OFFICE@umassd.edu

DS 2019 Data Form A

Request for J-1 Exchange Visitor Visa Document

To be completed by the **Hosting Department**

Please submit a copy of an approved honorific or post-doctoral appointment along with this packet.

Please type or print all information clearly. Incomplete or unclear information will cause delays in the issuance of the DS-2019.

About the Department

| Name of Faculty Sponsor | | | | | | | | | | |
|--|---------------|---|---------------|---------------------|--|--------|------------------|----------|------|--|
| Name of College or School | | | | Academic Department | | | | | | |
| Campus Email | | | | Campus Address | | | | | | |
| Campus Phone | | | | Campus Fax | | | | | | |
| About the Scholar | | | | | | | | | | |
| (*) As it appears on passport | | | | | | | | | | |
| About the Scholar Last Name (*) | | | | First Name (*) | | | | | | |
| Middle Name (*) | | | | Gend | er | Female | | | Male | |
| Academic Appointment Information: Visiting Scholars are required to have a Bachelor's degree with appropriate experience in the field of research or teaching. | | | | | | | | | | |
| HR Appointment Title: | | | | Proposed Start Date | | | | End Date | | |
| On campus location(s) where scholar will be working | | | | | | | | | | |
| Brief, non-technical description of research/ teaching/ work | | | | | | | | | | |
| What type of work will the job Teaching involve? | | | | Research | | Other | | | | |
| Total annual salary and/or other funding | | | Work will be: | | Full-time (40hrs/week) | | Part-time hrs/wk | | | |
| The salary will be paid by | UMas Dartm | - | Other | | Department has reviewed the financial documents of thi visitor and visitor has sufficient funding. | | | | | |
| Does this position require a state license or other certification? Yes No | | | | | | | | | | |
| Funding Amount Funding Source | | | | | | | | | | |
| Funding Amount Funding So | | | | | | | | | | |
| Name of Scholar's Home Institution | | | | | | | | | | |
| Field of Study at Home Institution | | | | | | | | | | |
| Other Regulatory Requirements: (please check box) | | | | | | | | | | |
| I understand that J visa holders are required to minimally carry the health insurance coverage required by the US Department of State (cont d) | | | | | | | | | | |

The following forms must also be completed and submitted as indicated on the forms - these same links are also on the J-1 Scholar DS 2019 Data Process Checklist:

- o export control
- o <u>intellectual property</u>
- o language proficiency
- o host department agreement

| Faculty Name (please print) | Faculty Signature | Date | | | | |
|-----------------------------|-------------------|------|--|--|--|--|