



INTERNATIONAL STUDENT SERVICES

J-



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REQUEST FOR A DS-2019 FORM CERTIFICATE OF ELIGIBILITY FOR EXCHANGE VISITOR STATUS (J -1)

The purpose of this form is to bring an individual (and _____ dependents) to the University from:

A foreign country

Another U.S. School or employer

1. Name: _____
(Last or Family Name) (First Name) (Middle Name)

2. Gender: Female Male

3. Date of Birth: ____/____/____
(Month) (Day) (Year)

4. City and country of birth: _____

5. Country of citizenship: _____

6. Country of legal permanent residence: _____

7. Present or former position in country of permanent residence: _____

8. Proposed dates of stay: From: ____/____/____ To: ____/____/____
(Mo.) (Day) (Yr.) (Mo.) (Day) (Yr.)

9. Host department and phone number: _____

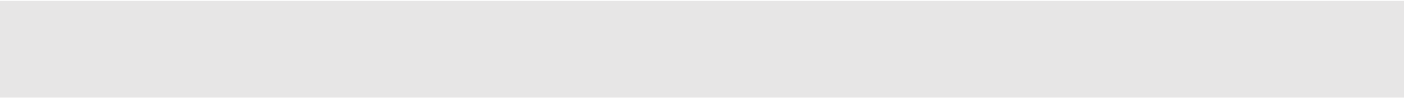
10. Title of proposed position: _____

11. Brief description of responsibilities: _____

12. Source and amount of funding:

_____ a. University of Louisiana at Monroe \$ _____

_____ b. Other (please specify)





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Exchange Visitor Information and ULM Faculty/Staff Request Form

Exchange Visitor Mailing Address

Permanent Address: _____

U. S. Address: _____

Telephone (Home) _____ (Work) _____ (Cell) _____
Email Address: _____

If the individual is currently in the U.S., please complete the item below and comply with the request which follows. If the individual is not in the U.S., please skip this section.

Current immigration status applicable (e.g., J1, F-1, H-1B):

Information on UL Monroe faculty or staff requesting J-1 processing:

Name and Title: _____ Date: _____
Department: _____
Phone: _____ -ma# _____



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