

101 Vera King Farris Drive | Galloway NJ 08205-9441
 stockton.edu

Application for Form DS-2019 for Visiting Scholars

All biographical information must match passport information. Certification of English Language Proficiency is required either by test scores (if teaching coursework) or by department interview.

Surname/Last Name: _____ Given/First Name: _____

City of Birth: _____ Country of Birth: _____

Country of Permanent Residence: _____ Country of Citizenship: _____

Gender: _____ Date of Birth: _____

Home Country Occupation/Job: _____ Email: _____

Visitor's Home Institution: _____

1. Scholar's Home Address: _____
 - Mailing Address for Receipt of Form DS-2019: _____
 - Phone Number (*with country code*): _____
 2. Scholar's U.S. Address: _____
 3. Emergency Contact Information: _____
- | | | |
|-------------------|----------------|--------------------------------|
| <i>Given Name</i> | <i>Surname</i> | <i>Relationship to Scholar</i> |
|-------------------|----------------|--------------------------------|
- Phone number (*with country code*): _____ Email: _____

Has the Applicant previously held J-1 visa status in the U.S.? **Yes** **No**

• *If yes, please submit copies of all previous DS-2019 forms*

| | |
|---|---|
| <p>Purpose of DS-2019 Request (<i>please select one</i>)</p> <p><input type="radio"/> New Entry into the U.S. from abroad</p> <p><input type="radio"/> J-1 Transfer to Stockton <i>SEVIS ID Required:</i> _____</p> <p><input type="radio"/> Change of Status to J-1 Applicant's current visa status: _____</p> | <p>Visitor Category (<i>please select one</i>)</p> <p><input type="radio"/> Research Scholar/Post-Doctoral</p> <p><input type="radio"/> Professor</p> <p><input type="radio"/> Short-term Scholar (<i>up to 6 months, no extensions</i>)</p> <p>Program dates: Start: _____ End: _____</p> |
|---|---|

Accompanying Dependent(s) Information

Dependent #1

Name: _____
Given Name *Surname*

Date of Birth: _____
mm-dd-yyyy

Place of Birth: _____
City *Country*

Country of Permanent Residence: _____

Country of Citizenship: _____

Dependent #2

Name: _____
Given Name *Surname*

Date of Birth: _____
mm-dd-yyyy

Place of Birth: _____
City *Country*

Country of Permanent Residence: _____

Country of Citizenship: _____

If more than 2 dependents, please attach separate documentation listing above required information

Please include the following materials:

1. Passport copy for each applicant
2. Scholar's curriculum vitae or resume
3. Copies of all previous DS-2019 forms (*if applicable*)
4. Any official English test scores

Cultural Integration:

The U.S. Department of State regulations governing the administration of J-1 visa programs mandates that organizations hosting J-1 program participants and their dependents must provide a “cross-cultural component” to an exchange visitor’s program.

Please detail at least 3 cultural activities per semester designed to expose the Exchange Visitor and their dependents to the U.S. culture:

1) Sponsoring Department Information:

Academic/Administrative Department: _____

Sponsoring Faculty Name: _____ Extension: _____

Sponsoring Faculty Email: _____

Department Dean/Director Name: _____

Dean/Director Email: _____ Extension: _____

2) English proficiency if determined by interview/personal knowledge:

I certify that I have interviewed the prospective exchange visitor and have determined they possess sufficient English proficiency to fulfill the objectives of their visit.

Host Faculty Name (print)

Host Faculty Name (Signature)

Interview date and method: _____

3) Approval Signatures:

I attest to the above information being true and correct, and understand the responsibility placed upon me as a sponsoring faculty and/or Dean/Director.

Sponsoring Faculty Name: _____

Signature: _____

Date: _____

Department Dean/Director Signature: _____

Date: _____