

Office of International Education Delaney Hall B-25, 920 Grant Street Indiana, PA 15705-1070 (724) 357-2295 www.iup.edu/international

# **DS-2019 REQUEST FORM**

FOR RESEARCH SCHOLARS, SHORT TERM SCHOLARS AND VISITING PROFESSORS

Please fill out electronically. Complete all requested information

### **BIOGRAPHICAL INFORMATION**

I. Name:		
Surname/Primary Name	Given Name	
2. Date of Birth: Month Day Year	3. Gender: 🗆 Male 🛛 Female	
4. Permanent Address in Home Country:	5. Email:	
	6. Telephone:	
	7. FAX:	
City Country Postal Code	8. Highest Educational Degree Earned: □Bachelors □Masters □Doctoral	
8. City of Birth:	9. Country of Birth:	
10. Country of Citizenship:		
<ul> <li>Research Scholar - Primary focus is research</li> <li>Short-Term Scholar (Less than 6 months) - Primar</li> <li>Visiting Professor - Primary focus is teaching</li> <li>Anticipated Program Dates:</li> </ul>	, ,	
I 3. Anticipated Program Dates: Date of Arrival MonthDay Year	14. Have you ever previously been sponsored on a J-1 Visa as a Research Scholar or Visiting Professor? □ NO	
Date of Departure MonthDay Year	YES - List the dates of your previous J-1 program: Start: / / End: / /	
15. Occupation/Position in Home Country:		
16. IUP Academic Department sponsoring your visit:		
17. Name of contact in IUP Academic Department:		
18. Subject/Field of research while at IUP:		
Specific description of activities:		

## **DEPENDENT INFORMATION**

If the participant will be accompanied by family, please provide the following details for each accompanying family member. If additional dependent spaces are needed, please attach additional copies of this page.

## 22. Dependent #I - **SPOUSE** or **CHILD/DEPENDENT**

Name:	
Surname/Primary Name	Given Name
Date of Birth: MonthDay Year	Gender: 🛛 Male 🗆 Female
City of Birth:	Country of Birth:
Country of Legal Permanent Residence:	Country of Citizenship:
EMAIL:	
3. Dependent #2 - <b>SPOUSE</b> or <b>CHILD/DEPE</b>	NDENT
Name:	_
Name: Surname/Primary Name	Given Name
Date of Birth: MonthDay Year	Gender: 🗆 Male 🗆 Female
City of Birth:	Country of Birth:
Country of Legal Permanent Residence:	Country of Citizenship:
EMAIL:	
4. Dependent #3 - <b>SPOUSE</b> or <b>CHILD/DEPEI</b> Name:	
Date of Birth: MonthDay Year	
City of Birth:	Country of Birth:
Country of Legal Permanent Residence:	Country of Citizenship:
EMAIL:	

#### FINANCIAL INFORMATION

IUP policy requires Research Scholars, Short-term Scholars and Visiting Professors to prove financial support for themselves equal to a minimum of USD\$18,000 per 12-month period (USD\$1500 per month). Proof of financial support for a spouse must equal USD\$5000 per 12-month period (USD\$417 per month). In addition, USD\$3000 per 12-month period (USD\$250 per month) is required for EACH dependent child. A DS-2019 will not be issued until proof of finances has been provided to IUP. Some examples of acceptable forms of proof of finances include: a current bank statement, official letter from bank stating the amount available in an account, letter from sponsor/organization (e.g. Embassy), or letter of financial support from home employer.

19. Who is providing financial support? 

Self □ Sponsor - Name of Sponsor:\_\_\_\_\_

20. Proposed length of visit:

START Month\_\_\_\_Day\_\_\_\_Year\_\_\_\_\_ END Month\_\_\_Day\_\_\_ Year\_\_\_\_\_

21.

	Length of Visit in Months	Required Finances per Month	Total Required Finances
EXAMPLE: Exchange Visitor	8 months 1/20/2022 – 9/20/2022	X USD\$1500 per month	\$12000
Exchange Visitor (J-1)		X USD\$1500 per month	
Spouse (J-2)		X USD\$417 per month	
#I Dependent Child (J-2)		X USD\$250 per month	
#2 Dependent Child (J-2)		X USD\$250 per month	
#3 Dependent Child (J-2)		X USD\$250 per month	
#4 Dependent Child (J-2) (include additional children as necessary)		X USD\$250 per month	
		TOTAL FINANCES REQUIRED:	

## **APPLICATION PROCESS**

- I. Complete DS-2019 REQUEST FORM
- 2. Include dependent information
- 3. Attach proof of financial support (example: Letter of Financial Support/Sponsorship, and Bank Statement)
- 4. Attach copies of passports (if available)
- 5. Attach English language proficiency exam results
- 6. Submit to: B25 Delaney Hall, 920 Grant St Indiana, PA 15705

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Phone: 001-724-357-2295	FAX: 001-724-357-2514

Please contact Office of International Education at intl-education@iup.edu with any questions.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_