



## 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: \_\_\_\_\_

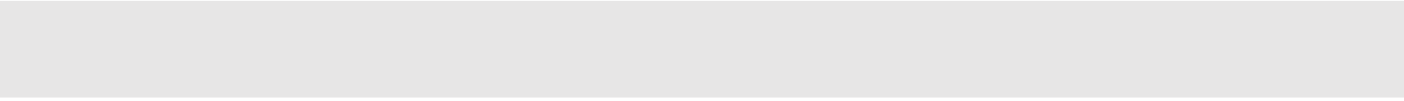
10. Title of proposed position: \_\_\_\_\_

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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