Exchange Visitor Department Request

PLEASE COMPLETE ALL THE INFORMATION REQUESTED. THE DS-2019 FORM CANNOT BE MADE WITHOUT ALL THE NECESSARY INFORMATION.

Today's date: (Note: exchange arrangements should begin a minimum 4-5 months prior to expected arrival date				
Exchange Visitor				
Family Name:				
Middle Name:				
Date of Birth:				
Exact Dates of Exchange	e Visitor's scholarly activities at ISU: Fron	n: то:		
J-1 Category: Please c	hoose one			
Professor (for those wi	th teaching assignments)	Research S	cholar	
Inviting Department:				
Chairperson:				
Department Phone Numb	per:			
Campus Box Number: —				
Name of faculty contact*:				
E-mail address:				
Today's Date:				

*Note: this is the department faculty or staff member who will be responsible for the exchange arrangements, including:

- Liaise with other relevant academic programs
- Coordinate information and paperwork with the International Programs Office.
- Courier (DHL or FedEx) the visa/invitation packet to the Exchange Visitor or see below.
- Officially welcome the visitor and/or arrange airport pick up.
- Help the visitor with housing, move in, shopping, obtaining University ID card, parking permit, and e-mail account
- Arrange for tour of campus and library
- Set up introductions to the Vice President for Academic Affairs, department faculty and key staff
- Assist during initial adjustment to ISU and U.S.A
- THE VISITOR MUST PRESENT THEMSELVES TO THE INTERNATIONAL PROGRAMS OFFICE NO LATER THAN 20 DAYS AFTER ARRIVAL IN THE US. THIS IS A NEW REGULATION. FAILURE TO REPORT WILL RESULT IN THE CANCELLATION OF THE VISITOR'S STATUS.

Important Scholar Info

		iiportant Scholar IIIIo	
Please describe the specific State University:	scholarly activities, o	duties, and responsibilities that the sch	nolar will have while at Idaho
Site (physical address/location	on) of activity:		
Has the scholar ever held J-	<u> </u>	Yes □No	
		ory and universities below. For extending	ensions, please give
current dates as well as an Dates	y previous dates at J-1 Category	University	
Dates	J-1 Category	Offiversity	
	9	Shipping Information	
		s Office to Fedex the packet for you, t	hen please provide your
department's Index Code infor	mation here		
Index Code:			
Department Contact Name &	Stop Number:		
Please do not forget to include	the following:		
Official Letter of Invita	ation to the Scholar f	rom the Department Chair or Dean. T	he letter should outline expected
		er pertinent information for the schola	
Original proof of fund funds, grants or a cor		aching/research from the Department	, personal funds, governmental
Department Chairperson		Signature	Date
Name of College Dean		Signature	Date
Name of Provost or Designee		Signature	Date
International Programs Office Approval by Department?			
Official invitation letter attached			
Original Proof of Funds attach Dependent Information, if app		-	
			