DS-2019 Request Form - Part A

The department completes all items on Part A. Please type or print clearly.

_____ _____ _____

Exchange Visitor's Family Name | First Name | Middle Name

This request covers the period FROM _____ TO _____

(mm/dd/yy) (mm/dd/yy)

Please check appropriate box: 9 Begin a new program 9 Transfer to UNF (see instruction #9)

9 Extension of program for current scholars; program began on _____.

Requests should be made approximately 30 days before current DS-2019 form expires.

Please check appropriate box: 9 Short-term Scholar (l day to 6 months, with no extensions beyond 6 months possible)

9 Professor

9 Research Scholar

Specific field of study, research, training, or professional activity: _____

Brief description of activity to be performed by the exchange visitor during his/her program:

_____

Does this person have the appropriate credentials and skills, including English proficiency (verbal and written), to participate in this program? 9 Yes 9 No

Is this person a candidate for a tenure-track position? 9 Yes 9 No

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During the period covered by this request, financial support (in US $) is to be provided to the exchange visitor by:

A. ( ) University of North Florida $ _____

The University of North Florida has 9 has not 9 *received funding* ***specifically for the purpose of international educational exchange*** *from one or more U.S. government agencies* ***to support this exchange visitor****.*

Financial support from organizations other than the University of North Florida will be provided by one or more of the following:

B. ( ) U .S. Government Agency (only if support is direct and not through UNF) $ _____

C. ( ) International Organization (name of organization) $ _____

D. ( ) The Exchange Visitor's Government $ _____

E. ( ) The binational Commission of the Exchange Visitor's Country $ _____

F. ( ) All other organizations providing support (name: _____) $ _____

G. ( ) Personal Funds (attach bank statement) $ _____

_____

Name of UNF Faculty Member Sponsoring the Exchange Visitor | Title

_____

UNF Faculty Member's Signature | Date

UNF Department | UNF Department Address | UNF Campus Phone, Extension

_____

Department Chair | Date

_____

Signature of Approval from College Dean, if applicable | Date

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Please indicate below your preference(s) of how to disperse the DS-2019 once it is typed:

( ) Contact Department to pick up: _____

Department Contact and Phone (ext)

( ) Send to Department by campus mail

( ) Mail DS-2019 to foreign address: _____

Note: The UNF-IC can mail visa documents and the pre-arrival materials by "regular" international air mail only. For special or express mail delivery, please request that the materials be returned to the department, or arrange for pick up.