

Application for Visiting Scholars and Professors

DS-2019

When a Hope College Department invites an Exchange Scholar/Professor for research or teaching purposes, J-1 visa is the appropriate visa for the visitor. This form should be completed by the requesting faculty sponsor in the Department (not to be completed by the visiting scholar/professor.) Once this form is completed, all signatures have been acquired as listed on page 4, and a copy of the offer letter has been attached to application, please forward to the International Education Office (IEO), 157 Columbia Avenue. The IEO will review the paperwork and issue the DS-2019. The exchange scholar/professor will need the DS-2019 in order to obtain a J-1 visa at a U.S. Consulate abroad prior to entering the U.S. If there are any questions, please call the IEO at (616) 395-7605.

PART I - DEPARTMENT INFORMATION

1. Host Department: _____ Telephone No #: _____
2. Department Address: _____ Fax No #: _____
3. Faculty Sponsor: _____ Telephone No #: _____
4. E-mail: _____ Lab No #: _____
5. Is there an alternate contact: If yes, whom: _____ Telephone No #: _____
6. Upon completion of the DS-2019, the IEO will contact: _____

(Name)

(Department)
(Telephone)
(Email)

PART II - EXCHANGE SCHOLAR/PROFESSOR INFORMATION

1. Name of Exchange Scholar/Professor: _____

(Family/Last Name)
(Given/First Name)
2. Gender: _____ Male _____ Female Date of Birth: _____

(Month/Day/Year)
3. Place of Birth: _____

(City)
(Country)
4. Citizen of: _____ Legal/Permanent Resident of: _____

(Country)
(Country)
5. Exchange Scholar/Professor's mailing address: _____

(Street Address/No Post Office Boxes Accepted)

(City)
(Province)
(Country)
(Postal Code)
6. E-mail: _____ Telephone No #: _____

(A must for express mailing)
(A must for express mailing)
7. Occupation and Employer in country of legal/permanent residence: _____

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EXCHANGE SCHOLAR/PROFESSOR INFORMATION

8. Has this Exchange Scholar/Professor held J-1 or J-2 immigration status at any U.S. institution in the past 24 months? If yes, give dates and location of the most recent visit: _____

(If Exchange Visitor is currently in the U.S., attach copies of passport, visa, I-94 card and current DS- 2019 form).

PART III– PROGRAM INFORMATION

Description of Exchange Scholar/Professor’s proposed program here at Hope College. (i.e. conduct research in theoretical physics, teach courses in History; conduct three-day workshop in ecology; observe college administration). *Please note: One sentence briefing describing exactly what the scholar/professor will be doing while at Hope College is required to be entered into SEVIS, failure to furnish this information will hold up the process of issuing the DS-2019:*

1. Dates of visit at Hope College: From: _____ To: _____
(Month/Day/Year) (Month/Day/Year)
2. Proposed Position/Job title the J-1 Exchange Scholar/Professor: _____
3. Will Exchange Scholar/Professor be employed by, or visiting other U.S. institutions before or after the Hope College visit? If yes, give details on separate sheet of paper and call the IEO at 616- 395-7605 to set up an appointment with Habeeb Awad.

PART IV – FINANCIAL SUPPORT INFORMATION

Fill in all applicable sources of funding to indicate total amount of support for the duration of the period Exchange Scholar/Professor will be at Hope College. Required funding for an exchange scholar/professor is \$600.00 per month. Additional funding for first dependent is \$400.00 per month; and each additional dependent is \$200.00 per month. Please provide financial verification (i.e. notarized bank statement, letter of offer, etc.)

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FINANCIAL SUPPORT INFORMATION

<u>Source</u>	<u>Amount</u>
Personal Funds of Exchange Scholar/Professor:	\$ _____
Hope College:	\$ _____
Exchange Visitor’s Government:	\$ _____
Other Agency or Organization: If support funding is from a grant or contract award for the sole purpose of international exchange, name the granting agency.	\$ _____
TOTAL AMOUNT OF FUNDING:	\$ _____

Please note: IEO always recommends a Scholar/Professor shows at least \$600.00 or more in personal funds (notarized bank statement from their country. When applying for the visa, an Immigration Officer at the Consulate likes to see money in an account which ties an individual to their home country.)

PART V – HEALTH INSURANCE INFORMATION

The U.S. State Department regulations require all J-1 Exchange Visitors (including their dependents) to have health insurance coverage throughout the duration of stay while at Hope College. Note: The International Education Office require all J-1 visa holders to provide proof of insurance coverage which meets Hope College requirements. As Faculty Sponsor/Host Department it will be your responsibility to make sure the Exchange Scholar/Professor purchases and or provides sufficient health insurance coverage to the International Education Office.

1. Exchange Scholar/Professor will be covered by:

_____	Personal health insurance policy (Must provide policy in English)
_____	Health insurance through a US Health Insurance Company.

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Approval by Faculty Sponsor:

(Signature) (Type Name) (Date)

Approval by Dean:

(Signature) (Type Name) (Date)

Approval Required by Chair of the Department:

(Signature) (Type Name) (Date)

Approval Required by Human Resources: Lori Mulder

(Signature) (Type Name) (Date)

All signatures and a copy of the Dean's offer letter must be attached to the application when submitting this application to the International Education Office, 257 Columbia Avenue.