

Office of International Student & Scholar Services
N.A. Rockefeller Center, G-1, Binghamton University
DS-2019 Request Form (formerly IAP-66)
(Please TYPE or PRINT all information)

- 1. Name of visitor _____ 2. () Male () Female
(Family Name/First/Middle)
- 3. Birth date _____ (mm/dd/yy) 4. Birth place _____ (City/Country)
- 5. Purpose of this request:
 - () original
 - () extension
 - () family's entry
 - () transfer from another J-1 program
 - () replace lost form
- 6. Visitor previously at Binghamton University? () yes () no
- 7. Visitor's U.S. social security number (if previously issued) _____
- 8. If the visitor has previously been in J-1 status in the United States, at Binghamton or elsewhere, please provide the following information:
 - J category (e.g. student, scholar, professor) _____
 - Name of College or University _____
 - Start Date of Stay: _____ (mm/dd/yy) End Date of Stay: _____ (mm/dd/yy)
- 9. Country of citizenship _____ E-Mail _____
- 10. Country of legal residence _____
- 11. Current legal address (U.S. address, if applicable) _____

- 12. Address abroad to which visitor will return _____

- 13. Job title in home country (be specific) _____
- 14. Place of employment in home country (university, government institution, private business)

- 15. Field of specialization visitor will pursue with YOUR department here at BU. Please be as specific as possible; for example: Chemistry Department - electro analytical chemistry.

- 16. Title of visitor at Binghamton:
 - () Visiting (assistant, associate) Professor
 - () Visiting Research Scholar, Research Associate or Specialist
 - () Visiting Short-term Scholar (less than 3 weeks to a maximum of 6 months. See instructions)
 - () Other (specify) _____
- 17. Dates of appointment: From _____ (mm/dd/yy) To _____ (mm/dd/yy)

The initial date is the date by which the visitor must enter the United States.

BE SURE TO ATTACH A PHOTOCOPY OF THE APPOINTMENT LETTER TO THIS FORM.

18. Source and amount of financial support:

Source

Amount

A) University

a. State Payroll

b. Research Foundation

B) Direct funding from: (official documentation of funding other than University support must accompany this request form)

a. _____

b. _____

c. _____

d. Personal Funds

19. The following family members: () will accompany visitor () will join visitor after arrival

Name (last/first/middle)

Relationship

Date of Birth

City/Country of Birth

Country of Citizenship

20. If transferring from another U.S. institution:

Name of current program sponsor: _____

Address: _____

Date of visitor's initial entry to U.S. on J-1 visa: _____ (mm/dd/yy)

Expiration date of current DS-2019: _____ (mm/dd/yy)

21. Faculty member requesting DS-2019:

Name (print): _____ Signature: _____

Title/Dept/Phone: _____

22. Approval of Dean, Vice-President or Designee:

Name (print): _____ Signature: _____

Title: _____ Date: _____ (mm/dd/yy)

SEND DS-2019 FORM TO:

() directly to visitor at address in #___ or to:

() department pick-up

() personal pick-up Call _____

NOTE: DO NOT SEND THIS FORM TO THE PROSPECTIVE VISITOR. COLLECT THE INFORMATION REQUIRED THROUGH VITA, RESUME OR FOLLOW-UP CORRESPONDENCE.