

EXCHANGE VISITOR SPONSORSHIP REQUEST (DS-2019 APPLICATION)

Family Name _____

Given Name _____ Middle Name(s) _____

___ Male ___ Female Date of Birth (MM/DD/YYYY) _____ E-mail _____

City of birth _____ Country of birth _____

Country of citizenship _____ Country of legal permanent residence (not the U.S.) _____

What was/is the last job or student status you held in your home country _____

What was/is the name of your last employer/school in your home country _____

CURRENT Employer/School/Home Institute _____

Your home residence street address, city, country, and postal code _____

Arrival date at SLAC (MM/DD/YYYY) _____ Departure date from SLAC (MM/DD/YYYY) _____

Upon your arrival at SLAC, what will be your highest degree earned? (BS/MS/PhD) _____

Date highest degree earned (MM/DD/YYYY) _____ Field of study _____

Name of University/Institution where your highest degree was earned _____

City and Country of degree granting university/institution _____

HAVE YOU BEEN IN J-1/J-2 STATUS IN THE U.S. ANYTIME WITHIN THE LAST 24 MONTHS? ___ No ___ Yes

If yes, give dates (MM/DD/YYYY) _____ thru (MM/DD/YYYY) _____

Please describe the activities you will undertake while at SLAC _____

Who will financially support your visit? (Include all funding sources)

Documentation of funding in English must accompany this application.

___ SLAC salary Total USD for duration of stay _____

___ Personal funds (savings, etc.) Total USD for duration of stay _____

___ Sabbatical salary Total USD for duration of stay _____

___ Other _____ Total USD for duration of stay _____

Please CONFIRM one of the following regarding dependent(s):

☐ You have no dependents.

☐ Your dependents will not come to the U.S. during your visit.

☐ Your dependents will come to the U.S. at the same time you arrive.

☐ Your dependents will come to the U.S. after you arrive.

If your dependents will accompany or join you later, they will need DS-2019s as well. Please provide the following for each family member (if applicable):

Family name / given name / middle name/ husband or wife, son or daughter / date of birth (MM/DD/YYYY) / city of birth / country of birth / country of citizenship / country of legal permanent residence:

E-mail Address of accompanying spouse (if applicable) _____

The DS-2019(s) will be sent to you via Federal Express. Provide the shipping address and telephone number where you want to receive it:

Street Address, City, State/Province, Postal Code, Country:

Telephone number for above address _____

Submit your completed form via fax to 650-926-5178 or e-mail attachment to iso@slac.stanford.edu.