

**Office of International Student & Scholar Services
N.A. Rockefeller Center, G-1, Binghamton University
DS-2019 Request Form**

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. 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 or staff member requesting DS-2019:

Name (print): _____ Signature: _____

Title/Dept/Phone: _____

22. Approval of Department Chair or Director

Name (print): _____ Signature: _____

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

23. 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.