

101 Vera King Farris Drive | Galloway NJ 08205-9441 stockton.edu

Application for Form DS-2019 for Visiting Scholars

All biographical information must match passport information. Certification of English Language Proficiency is required either by test scores (if teaching coursework) or by department interview.

Surname/Last Name:		Given/First Name:			
City of Birth:		Country of Birth:			
Country of Permanent Residence: Gender:		Country of Citizenship: Date of Birth:			
Home Country Occupation/Job:		Email:			
Vis	sitor's Home Institution:				
1.	1. Scholar's Home Address:				
•					
•	Phone Number (with country code):				
2.	Scholar's U.S. Address:				
3.	Emergency Contact Information:				
	Given Name	Surname		hip to Scholar	
•	Phone number (with country code):	Email:			
<u>Ha</u>	 s the Applicant previously held J-1 visa status If yes, please submit copies of all previous DS-20 		<u>Yes</u>	No	
P	urpose of DS-2019 Request (please select one)	Visitor Category (plea	ase select one)		
0	New Entry into the U.S. from abroad	• Research Scholar	Post-Doctoral		
0	J-1 Transfer to Stockton	o Professor			
	SEVIS ID Required:	• Short-term Schol	ar (up to 6 mor	iths, no	
	Change of Status to I 1	extensions)			
0	Change of Status to J-1 Applicant's current visa status:	Program dates:			
	reprieure s'eurone visa status	Start:	End:		

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Page | 1 Stockton University does not discriminate on the basis of race, color, age, sex, religion, creed, national origin, sexual orientation or disabling condition. University policies are consistent with federal and state laws pertaining to equal opportunity in admissions and education policies and in scholarships, loans, athletics and other school-administered programs.

Source of Funding:

0	Stockton University funds	Source of funding:	\$
0	Applicant's personal funds		\$
0	Other organization(s) funds	Specify:	\$

- If funds are provided by multiple non-Stockton organizations, please detail on a separate sheet

Total amount of funding applicant will receive per year: \$_____

Given/First Name:

County of Citizenship:

English Language Proficiency Certification for J-1 Program Participation

The Department of State requires a J-1 exchange visitor to possess "sufficient proficiency in the English language, as determined by an objective measurement of English language proficiency, to successfully participate in his or her program and to function on a day-to-day basis." [22 CFR 62.11 (a) (2)]

DS-2019 Applicant's Information

Surname/Last Name: _____

Date of Birth: _____

Please specify how the sponsoring academic department has certified English proficiency *NOTE: Signature/name of host faculty is required only in the case of an interview*

- TOEFL iBT score a minimum of <u>90</u>, or IELTS score a minimum of <u>7.5</u>
- Exchange scholar is from a country where English is the primary language of instruction
- o Documented interview conducted by the academic sponsor:
 - o In-person
 - o Via videoconference (Skype, or other)

Accompanying Dependent(s) Information

Dependent #1	
Name:	
Given Name	Surname
Date of Birth:	
mm-dd-yyyy	
Place of Birth:	
City	Country
Country of Permanent Residence:	
Country of Citizenship:	
Dependent #2	
Name:	
Given Name	Surname
Date of Birth:	
mm-dd-yyyy	
Place of Birth:	
City	Country
Country of Permanent Residence:	
Country of Citizenship:	

If more than 2 dependents, please attach separate documentation listing above required information

Please include the following materials:

- 1. Passport copy for each applicant
- 2. Scholar's curriculum vitae or resume
- 3. Copies of all previous DS-2019 forms (*if applicable*)
- 4. Any official English test scores

Cultural Integration:

The U.S. Department of State regulations governing the administration of J-1 visa programs mandates that organizations hosting J-1 program participants and their dependents must provide a "cross-cultural component" to an exchange visitor's program.

Please detail at least 3 cultural activities per semester designed to expose the Exchange Visitor and their dependents to the U.S. culture:

App. for Form DS-2019 for Visiting Scholars Cont.

1) Sponsoring Department Information:	
Academic/Administrative Department:	
Sponsoring Faculty Name:	Extension:
Sponsoring Faculty Email:	
Department Dean/Director Name:	
Dean/Director Email:	Extension:
2) English proficiency if determined by interview/personal	knowledge:
I certify that I have interviewed the prospective exchange visitor and sufficient English proficiency to fulfill the objectives of their visit.	have determined they possess

Host Faculty Name (print)	Но	st Faculty Name (Signature)
Interview date and method:		

3) Approval Signatures:

I attest to the above information being true and correct, and understand the responsibility placed upon me as a sponsoring faculty and/or Dean/Director.

Sponsoring Faculty Name:	
Signature:	Date:
Department Dean/Director Signature:	Date:
	Date