

Request for Issuance of Form DS-2019
Foreign Student and Scholar Services
The University of Montana

Please note: Professors and Research Scholars previously on a J-1 visa program may be subject to a 12 or 24 month bar before participating. Please contact Foreign Student and Scholar Services for further information.

Please provide the following information and return with the signed approvals for final processing to Foreign Student and Scholar Services, Lommasson Center 219, The University of Montana, Missoula, Montana 59812, 406-243-6183 or fsss@umontana.edu.

1. FULL NAME: Family Name First Name Middle(optional)

2. MALE ___ FEMALE ___

3. DATE OF BIRTH:(month/day/year) ___/___/_____

4. City of Birth:

5. Country of Birth:

6. Country of Citizenship:

7. Country of Legal Permanent Residence:

8. Position in Home Country and Employer:

9. Reason for Issuance of DS-2019:

Begin a new program ___ Extension of Program _____

Transfer to a different program ___ Replace lost form _____

Permit visitor's immediate family to enter U.S. separately _____

10. Period of Program: (month/day/year) From: ___/___/___ To: ___/___/___

11. Category at UM:

Student ___ Professor ___ Researcher Scholar ___ Short-term Scholar ___

Specialist _____

12. Duties at UM (a one paragraph concise statement of the scholar's project while at The University of Montana and its relationship to The University of Montana and the faculty counterparts' research interests (attach CV and/or other information):

13. Source and Amount of Financial Support for the entire period (Use totals, not monthly figures; in addition to salary, specify value of any supplemental support for travel, housing, etc.):

Program Sponsor (UM): \$

U.S. Government Agencies: \$

Please list agency name:

International Organizations: \$

Name of Organization:

Bi-national Commission of the visitor's country: \$

Exchange Visitor's Government: \$

All Other Organizations: \$

Name of Organization

Personal Funds: \$

Before a DS-2019 can be issued, we must have on file proof of adequate financial support. Please submit a statement from the sponsor or funding source. Personal funds must be accompanied by a bank statement.

14. List prior periods of stay in the U.S. in "J" classification for self and any dependent family members during the past twenty-four (24) months (attach copies of all previous DS-2019's):

Period in U.S.: (month/day/year) From: ____/____/____ To: ____/____/____

15. If accompanied by dependents, please complete the following:

<u>Name</u>	<u>Relationship</u>	<u>Citizenship</u>	<u>Date, City and Country of Birth</u>
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16. The department understands the exchange visitor and dependents will comply with J-1 medical insurance requirement.** The department also understands that if the exchange visitor evades the medical insurance responsibility, the program is subject to termination.

**Minimum coverage shall provide: 1. Medical benefits of at least \$50,000 per accident or illness; 2. Repatriation of remains in the amount of \$7,500; 3. Expenses associated with medical evacuation of exchange visitor to his/her home country in the amount of \$10,000; 4. A deductible not to exceed \$500 per accident or illness.

Scholar has been notified of health-insurance coverage requirements? Yes ___ No _____

17. Mailing address of Exchange Visitor (include email address and phone number):

18. Emergency Contact: Name _____ Address _____
Fax _____ Email _____

19. UNIVERSITY OF MONTANA PROGRAM INFORMATION

- a) UM Sponsor (requesting Department)
- b) Name of Primary UM Faculty/Staff Contact and contact information:
- c) Scholar will be provided with an office? Yes ____ No _____
- d) Housing arrangements have been made? Yes ____ No _____
- f) Name & telephone number of person who will meet and greet scholar at airport:

APPROVALS AND SIGNATURES

Contact person at UM (include phone and date):

Person preparing request (include phone and date):

Dept/Unit Head (include phone and date):

Dean/Division Head (include phone and date):

Director of International Programs (include phone and date):

Return to:

Foreign Student & Scholar Services
Emma Lommasson Center 219
The University of Montana
Missoula, Montana 59812
Phone: (406) 243-6183
Fax: (406) 243-6115
E-mail: fss@umontana.edu