



# Office of International Education

## University System of Georgia

DS-2019 REQUEST FORM  
EXCHANGE VISITOR PROGRAM NO. P-1-05814

*PLEASE COMPLETE THE FOLLOWING:*

USG host institution: \_\_\_\_\_

USG host institution mailing address:

\_\_\_\_\_  
\_\_\_\_\_

Host institution Exchange Visitor supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

1. Visitor's full legal name (exactly as it appears on passport):

Surname/family name: \_\_\_\_\_

Given name/first name: \_\_\_\_\_

Middle name: \_\_\_\_\_

(suffix, if any; ie, junior, II, III, etc): \_\_\_\_\_

2. Male \_\_\_\_\_ Female \_\_\_\_\_

3. Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy)

Birth place (city & country): \_\_\_\_\_

Citizen of (country): \_\_\_\_\_

Legal permanent resident of (country): \_\_\_\_\_

4. Visitor's permanent home mailing address, phone number, and email address:

address \_\_\_\_\_ phone \_\_\_\_\_

\_\_\_\_\_ email \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Position in home country: \_\_\_\_\_

Employer (or name of university): \_\_\_\_\_

6. Exchange Visitor Category (please check one):

\_\_\_\_ Professor

\_\_\_\_ Research Scholar

\_\_\_\_ Specialist

\_\_\_\_ Short-Term Scholar

\_\_\_\_ Student (please indicate level):

\_\_\_\_ associate

\_\_\_\_ bachelor's

\_\_\_\_ doctorate

\_\_\_\_ master's

\_\_\_\_ non-degree

7. Specific field of study/major, research, or area of professional activity:

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8. Please state the program activities or subjects to be studied by the Exchange Visitor while at the USG institution:

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9. **TWELVE-MONTH BAR:** The Department of State indicates that a professor or research scholar wishing to begin a new exchange program is not eligible to do so if he or she was physically present in J status for all or part of the twelve month period immediately preceding the start of the new exchange program. Has the applicant been an Exchange Visitor in the United States at any time within the past twelve (12) months?

YES \_\_\_\_ *\*If yes, please list dates/attach copies of previous IAP-66 forms/DS-2019 forms.*  
NO \_\_\_\_

10. **TRANSFER:** Is your exchange visitor transferring from another Exchange Visitor program in the United States? YES \_\_\_\_ *\*If yes, please attach previous IAP-66/DS-2019 form.*

NO \_\_\_\_

11. Period of stay requested: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm /dd/yyyy) to: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm /dd/yyyy)

12. The funding for this Exchange Visitor will be provided by (please check all that apply):

A. \_\_\_\_ A University System of Georgia institution\*

Amount of funding: \_\_\_\_\_

Funds provided by (dept./college): \_\_\_\_\_

Source of funding (grant/agency): \_\_\_\_\_

***\*NOTE: If the visitor will engage in teaching/lecturing where wages or other remuneration are involved, please provide a letter from the visitor's department head or supervisor recommending the exchange visitor's activity and explain how it will enhance the exchange visitor's program. The department head or supervisor must also provide a letter setting forth the terms and conditions of the offer to lecture or consult, including the duration, number of hours, field/subject, amount of compensation, and description of the exchange visitor's activity.***

B. \_\_\_\_ A U.S. government agency (direct award to the Exchange Visitor)

Amount of funding: \_\_\_\_\_

Source of funding (name of agency): \_\_\_\_\_

C. \_\_\_\_ The Exchange Visitor's home government

Amount of funding: \_\_\_\_\_

D. \_\_\_\_ A binational commission of the visitor's home country

Amount of funding: \_\_\_\_\_

E. \_\_\_\_ Another organization providing support

Amount of funding: \_\_\_\_\_

Source of funding (name of organization): \_\_\_\_\_

F. \_\_\_\_ Personal funds\*\*

Amount of funding: \_\_\_\_\_

***\*\*NOTE: Evidence of personal funding must be provided by the Exchange Visitor in the form of a bank certification or statement indicating availability of funds.***

