

EXCHANGE VISITOR SPONSORSHIP REQUEST (DS-2019 APPLICATION)

1. Fill out this form COMPLETELY to request a DS-2019 (Certificate of Eligibility for J-1 status).
2. The completed DS-2019 will be sent to you by Federal Express/similar courier service.
3. You must present the DS-2019 to the appropriate U.S. government agency for processing and approval of your visit to SLAC.

Name _____ ☐ Male ☐ Female
(Please give FAMILY NAME in capitals, then first; then middle if applicable)

Birth date (month/day/year) _____ City or province of birth _____

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

Country of citizenship _____ Profession in home country _____

Employer's name and address _____

Arrival date at SLAC (month/day/year) _____ Departure date from SLAC (month/day/year) _____

Highest degree earned _____ Year _____ Field _____

Name of University/Institution _____ City, Country _____

While at SLAC, you will be classified as (please check one):

☐ Visiting Scientist (with payroll status) ☐ Visiting Faculty
☐ Visiting Scholar (no payroll status) ☐ Other _____
☐ Research Associate (postdoctoral appointment)

HAVE YOU BEEN IN J-1/J-2 STATUS IN THE U.S. ANYTIME WITHIN THE LAST 12 MONTHS? ☐ Yes ☐ No
If yes, give dates _____

Please describe the activities you will undertake while at SLAC

You will be financially supported by (list all funding sources):

<input type="checkbox"/> SLAC salary	\$/month _____	\$/duration of stay _____
<input type="checkbox"/> Government funding	\$/month _____	\$/duration of stay _____
<input type="checkbox"/> Private organization	\$/month _____	\$/duration of stay _____
<input type="checkbox"/> Personal funds (savings, sabbatical salary, etc.)	\$/month _____	\$/duration of stay _____
<input type="checkbox"/> Other organizations (Please describe below.)	\$/month _____	\$/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. after you arrive. (Please provide their arrival information in the space below.)
☐ Your dependents will come to the U.S. at the same time you arrive.

Use the following space for dependent(s) information:

Family name, given name; husband or wife, son or daughter; city and country of birth; date of birth (month/day/year); country of citizenship; country of legal permanent residence

SLAC Host/Supervisor

PLEASE FAX THIS COMPLETED FORM TO SLAC'S INTERNATIONAL SERVICES OFFICE AT 650-926-4999.

If you have any questions regarding this form, you may contact us at: visa@slac.stanford.edu