## **Request for Issuance of DS-2019**

## Department of Biology

Please return **completed information** along with **current CV** and **funding documentation** to Christina at <a href="mailto:christinageorge@byu.edu">christinageorge@byu.edu</a>

(Name as it appears on your passport)				
First Name:				
Middle Name:				
Last Name:				
To create a BYU ID:  1. Visit My.byu.edu  2. Next to the password bo				
Citizenship Country:  Country of Permanent Residency:				
	e attach a current CV):			
Duration of Program: to to				
Description of Program Objective:				
Funding Information (Please at	tach documentation of all funding sources)			
BYU Funding Amount Offered (include	de salary, travel, insurance, etc):			
US Government Agency				
Amount:	Agency Name:			
Visitor's Government				
Amount:	Agency Name:			
Organization/Educational Institute				
Amount:	Organization Name:			
Personal or Family Fund Amount:				

## <u>Insurance</u>

	ring the period of time that an exchange visitor participates in the sponsor's exchange visitor linimum coverage shall provide:
(1) medical	benefits of at least \$50,000 per accident or illness;
(2) repatriat	tion of remains in the amount of \$7,500;
	s associated with medical evacuation of the exchange visitor to his or her home country in of \$10,000; and
(4) a deduct	tible not to exceed \$500 per accident or illness.
	rate how insurance will be obtained (Previous visitors have had success purchasing insurance Patriot Exchange Program, from IMG ( <a href="http://www.imglobal.com/index.aspx">http://www.imglobal.com/index.aspx</a> ):
Please in	dicate the following:
Is not a	candidate for a tenure track position,
	t been outside the U.S. for less than one year if previously present in any J visa status for six months and is now being considered for a new program at BYU in Professor or Research category,
Professor o	t been out of the U.S. for less than two years if previously here as an exchange visitor in Research Scholar category and is now being considered for a new program at BYU in either categories, and
Has bee	en informed of the BYU Honor Code and has agreed to abide by it while at BYU.

Federal regulations require each exchange visitor to have insurance in effect which covers sickness or

## **Dependents**

Number of Dependents:	

1.	Last Na	ame (as it appears on passport):
		ame:
		Name:
		Relationship:
		Gender:
		Date of Birth:
		City and Country of Birth:
		Country of Citizenship:
	f.	Country of Permanent Residence:
		ame (as it appears on passport):
		ame:
		e Name:
		Relationship:
		Gender:
		Date of Birth:
	d.	City and Country of Birth:
	e.	Country of Citizenship:
	f.	Country of Permanent Residence:
		ame (as it appears on passport):
	First N	ame:
	Middle	Name:
	a.	Relationship:
	b.	Gender:
	c.	Date of Birth:
	d.	City and Country of Birth:
	e.	Country of Citizenship:
	f.	Country of Permanent Residence:
4.	Last Na	ame (as it appears on passport):
	First N	ame:
	Middle	Name:
	a.	Relationship:
	b.	Gender:
	С.	Date of Birth:
	d.	City and Country of Birth:
	e.	Country of Citizenship:
	f.	Country of Permanent Residence:
5.	(please	e copy and attach more as needed)