## BAY AREA OPHTHALMOLOGY COURSE

(formerly Basic Science Course in Ophthalmology)

## **Application for the DS-2019**

The purpose of this form is to request a VISA CERTIFICATE (DS-2019) for a foreign visitor. Please print name clearly where designated below and answer fully questions 1 through 8.

A non-refundable payment of \$250 is required for this document

## **PLEASE, PRINT OR TYPE CLEARLY**

Νo	me:						Female
INA	family	first	mic	ldle	maiden name if	applicable	Male
1.	The scholar is emplo	yed in home country	by:				
			complete name	e and address of organ	nization		
2.	Highest academic de	gree(s) earned & gran	ting institution				
3.	TOTAL dates of visi	t: from		to			
1	Funds in LISE for due	month	, ,		th day	·	ant/a ah alamahin
<b>4</b> .	Funds in US\$ for duration of stay (identify source and amount of support, i.e., sabbatical income/personal savings/grant/scholarship  Personal funds						
a.							
b.			\$US		source		
5.	Personal data:						
a.	Birth datemonth	day year b. Birth	h city		c. Birth country _		
d.	Country of permaner	nt residence	dencee. Country of citizenship				
	If dependents will ac citizenship and country						
	Please list your e-ma Il accompany you to Ju			scanned copy of yo	ur passport along w	ith passports of a	any dependents w
8.	Where should DS-20	19 be express mailed	? (please give exac	t address)			
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Payment of an extra \$250 for this document must be made with your initial course application.

This form and passport can either be faxed to Judy Roberts @ 1-650-723-7229

Or e-mailed to Judy at: mommy\_cat@hotmail.com