

Exchange Visitor DS-2019  
Request Form  
University of Alaska Anchorage

PLEASE TYPE OR PRINT NEATLY!

**Personal Information:**

\*Family (Surname) Name \_\_\_\_\_

\*First and Middle (Given) Name(s) \_\_\_\_\_

*\*Names should match names in the Passport exactly. Please provide a copy of the passport if available.*

Date of Birth: \_\_\_\_\_ (month/day/year)      Gender:       Male       Female

City of Birth: \_\_\_\_\_      Country of Birth: \_\_\_\_\_

Citizenship Country: \_\_\_\_\_      Country of Legal Permanent Residence: \_\_\_\_\_

Email Address: \_\_\_\_\_

Current Position held in home country:       Professor       Graduate Student       Undergraduate Student  
 Other: \_\_\_\_\_

Exchange Type:       Non-Degree Seeking Student       Degree Seeking Student: \_\_\_\_\_  
DEGREE LEVEL (BACHLOR'S, MASTER'S, ETC)  
 Professor       Research Scholar  
 Short Term Scholar       Intern

Major/Field of Study: \_\_\_\_\_

Specific Field of Study or Activity in the USA: \_\_\_\_\_

Foreign Address: \_\_\_\_\_

**Program Information:**

Program Start Date: \_\_\_\_\_ (mm/dd/yr)      Program End Date: \_\_\_\_\_ (mm/dd/yr)

UAA Sponsoring Department: \_\_\_\_\_

Site of Activity:      University of Alaska Anchorage

Site Address:      UAA 3211 Providence Dr., Anchorage, AK 99508

**Dependent Information:**

**Last (Surname) Name:** \_\_\_\_\_

**Given Name(s):** \_\_\_\_\_

*\*Names should match names in the Passport exactly. Please provide a copy of the passport if available.*

**Gender:**     Male         Female        **Relationship:**    Spouse    Child        **Date of Birth:** \_\_\_\_\_

**City of Birth:** \_\_\_\_\_                      **Country of Birth:** \_\_\_\_\_

**Citizenship Country:** \_\_\_\_\_        **Country of Legal Permanent Residence:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

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**Last (Surname) Name:** \_\_\_\_\_

**Given Name(s):** \_\_\_\_\_

*\*Names should match names in the Passport exactly. Please provide a copy of the passport if available.*

**Gender:**     Male         Female        **Relationship:**    Spouse    Child        **Date of Birth:** \_\_\_\_\_

**City of Birth:** \_\_\_\_\_                      **Country of Birth:** \_\_\_\_\_

**Citizenship Country:** \_\_\_\_\_        **Country of Legal Permanent Residence:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

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**Last (Surname) Name:** \_\_\_\_\_

**Given Name(s):** \_\_\_\_\_

*\*Names should match names in the Passport exactly. Please provide a copy of the passport if available.*

**Gender:**     Male         Female        **Relationship:**    Spouse    Child        **Date of Birth:** \_\_\_\_\_

**City of Birth:** \_\_\_\_\_                      **Country of Birth:** \_\_\_\_\_

**Citizenship Country:** \_\_\_\_\_        **Country of Legal Permanent Residence:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Funding Information:**

*Funding Support documents are required. For Sponsored funding, please include financial award letters. For personal funding, please include an Affidavit of Support and financial supporting documents.*

\$ \_\_\_\_\_ UAA Sponsored Funds Department: \_\_\_\_\_

\$ \_\_\_\_\_ US Government Agency Funding; Agency \_\_\_\_\_

\$ \_\_\_\_\_ International Organization Funding; Organization: \_\_\_\_\_

\$ \_\_\_\_\_ Visitor’s Government Funding Office: \_\_\_\_\_

\$ \_\_\_\_\_ Binational Commission Funding Commission: \_\_\_\_\_

\$ \_\_\_\_\_ Other Organization Funding (including home university)  
Funding Source: \_\_\_\_\_

\$ \_\_\_\_\_ Personal/Sponsor Funding: *Attach Affidavit of Support and Financial Supporting Documents*

**English Language Proficiency**

*All Exchange visitors are required to possess sufficient proficiency in the English language to successfully participate in their program and to function on a day-to-day basis.*

This requirement has been met by:

- Standardized test with a score of \_\_\_\_\_ TOEFL (overall) \_\_\_\_\_ IELTS (overall)  
(copy of score report required)

**OR**

- I, \_\_\_\_\_, certify that \_\_\_\_\_, has undergone sufficient English Language training to successfully complete his or her program and function on a day-to-day basis in the United States.

\_\_\_\_\_  
Signature Position/Title Date

*In addition to the evidence provided above, UAA reserves the right interview candidates via video or teleconference to determine English Language Proficiency.*

**Exchange Visitor’s Home Institution:** \_\_\_\_\_

The DS-2019 and other welcome documents will be sent to the Exchange visitor via eShipGlobal. Instructions on how to create an account, choose a shipping option, and pay for shipping will be sent to the visitor via email when the visitor’s request has been processed and all supporting materials have been received.

**Please return this DS-2019 Request form and Supporting Documentation to:**

**Via Express Mail:**

International Student Services  
3901 Old Seward Hwy, Suite 106  
Anchorage, AK 99503

**Via Email:**

[international@uaa.alaska.edu](mailto:international@uaa.alaska.edu)