



REQUEST FOR Scholar Form DS-2019 International Student and Faculty Office



We need the following information in order to prepare the Form DS-2019 to support your application for a J-1 visa. Please answer completely and print clearly (or type) and return it to the Faculty Sponsor at NIU for signature.

Supporting Documents Required	A photocopy of the identification page of your passport					
	Financial Document					
Family Name			Given Name		Middle Name	
Address outside U.S. With Postal Code						
Phone Number of the Address				E-Mail Address		
U.S. Address if available						
Date of Birth	Month	Date	Year	Male		Female
City of Birth			Country of Birth			
Country of Citizenship			Country of Lawful Permanent Residence			
Current Position		Degree Hold		Name of School/Company		
Participation in any J-1 program in last two years and your capacity such as professor, research scholar, or short term scholar, or student etc.						
From		To		As		
From		To		As		
From		To		As		
Expected Program Dates		From		To		
Sponsoring Dept at NIU					Faculty Sponsor at NIU	
Description of Program in Non-Technical Terms						
J-1 Category Requesting		Professor		Research Scholar		Short Term Scholar
Financial Statement		Please indicate where your financial support will be coming from. Check all that apply and list dollar amount in the U.S. dollars.				
	Northern Illinois University				US\$	
	U.S. Government Agency(ies)				US\$	
					US\$	

	International Organization(s)		USS
			USS
	Exchange Visitor's Government		USS
	Others		USS
			USS
	Personal Funds		USS
Written Statement Required		Please provide a written statement from each organization providing support, stating the amount to be paid. If you are using personal funds, please provide a letter from your bank showing that amount you plan to provide.	
Dependents		If any dependents will accompany you to the United States, please provide information about each one below.	
Supporting Document Required		A photocopy of the identification page of passport of each dependent.	
1	Family Name		Given Name
	Date of Birth	Month Date Year	Male
			Female
	City of Birth		Country of Birth
Country of Citizenship		Country of Lawful Permanent Residence	
2	Family Name		Given Name
	Date of Birth	Month Date Year	Male
			Female
	City of Birth		Country of Birth
Country of Citizenship		Country of Lawful Permanent Residence	
3	Family Name		Given Name
	Date of Birth	Month Date Year	Male
			Female
	City of Birth		Country of Birth
Country of Citizenship		Country of Lawful Permanent Residence	
Faculty Representation		It is the responsibility of the faculty member inviting EV to NIU to secure needed approvals from the department chair and, if necessary, the college dean. The faculty member must sign here to indicate that he or she has secured the necessary approvals. Without the faculty member's signature, this form cannot be processed.	
Name (print)		Signature	
Department		Date	