# REQUEST FOR DS-2019 FORM
## J-1 EXCHANGE VISITOR'S CERTIFICATE OF ELIGIBILITY

oiss
Office of International Students and Scholars MS/074
120 Fitzgerald Student Services Bldg.
Reno, NV 89557-0144
(775) 784-6874
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http://www.unr.edu/oiss

**For all requests please attach an IPO or check for $300 payable to the Board of Regents and a clear copy of the visitor's biographical page of his/her passport. The form must be signed on the reverse by the host faculty member and the Department Chairperson.**

Host Department _____Faculty Host _____

Dept. Contact Person_____ Phone _____ E-mail _____

***Purpose of the request***:

_____ Begin New Program _____ Extend Current Program _____ Transfer to UNR

***Information about the Exchange Visitor and his/her activities at UNR***:

***Previous/current participation in the J program*** ___ ***Yes*** ___ ***No*** ***If yes, please indicate dates*** _____, ***name of the previous program sponsor***_____

***Previous J-1 category***_____ ***E-mail contact*** _____

Family Name _____ First Name_____

Middle Name (if known) _____ Date of Birth _____
(MM/DD/YYYY)

Gender (M/F) ___ City of Birth _____ Country of Birth _____

Country of Citizenship _____ Country of Permanent Residence_____

Position last held in the home country _____

Category at UNR: ___ Research Scholar ___ Short term Scholar (less than 6 months)

___ Professor ___ Specialist ___ Student

Field of Research/Teaching _____ Describe proposed activities: _____

Appointment Start Date _____ End Date _____

Please provide address(es)where the visitor will be working, including city and zip code.
Indicate all locations:_____
_____
_____

***Dependent information is required if dependents are accompanying the exchange visitor***

| Last Name | First Name | Birthday | City of Birth | Country of Birth | Country of Citizenship | Country of Residence | Relation to scholar |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

***Financial Information****. Scholars must have a minimum of $1400.00 per month for the appointment period. Additional funding is required for dependents in the amount of $800.00 per month for a spouse and $350.00 per month per child. If funding come from sources other than UNR, please include a copy of financial documentation confirming the source and the amount.*

a. UNR funds $_____ per year/month. **Please note that the grant money received from government agencies and used to cover a variety of research and payroll expenses is considered UNR funding for the purpose of this form**.

b. U.S. Government Agency $_____ per year/month. Please name the agency and provide financial documentation
_____
**Applicable only if the grant money is used solely to fund the exchange visitor or the exchange visitor is named in the grant.**

c. The Exchange Visitor's Government $_____ Provide financial documentation.

d. Other Organization $_____ Please name the organization and attach financial documentation
_____

e. Personal/Family funding $_____ Attach a bank statement.

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**Hosts Signatures**:
Faculty Member
_____
(Print Name) (Signature and Date)
Department Chair
_____
(Print Name) (Signature and Date)

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**Office of International Students and Scholars**

Approved____ Date _____ Advisor's Signature _____