

INTERNATIONAL VISITING FACULTY/SCHOLAR QUESTIONNAIRE
(To be completed by Contact Person)

Name of Contact Person: _____ Department: _____

Telephone Number _____ E-mail Address: _____

- Purpose of Request:
- New J-1
 - J-1 extension
 - J-1 transfer from another institution
 - Family DS-2019
 - Reinstatement

- Exchange Visitor will be:
- Short-term Scholar (*maximum stay limited to six months*)
 - Research Scholar** (*maximum stay limited to three years, with extensions up to six months possible*)
 - Professor/Lecturer (*maximum stay limited to three years, with extensions up to six months possible*)
 - Specialist (*maximum stay limited to one year, without possible extensions*)

BIOGRAPHICAL INFORMATION

(please provide information as it appears on the passport)

1. _____
FAMILY NAME of *Exchange Visitor* (First Name) (Middle Name)

2. Male () Female () Telephone Number _____ (Work) _____ (Home)
FAX Number _____ e-mail address: _____

3. Date of Birth _____ in _____, _____
(Mo) (Day) (Yr) (City) (Country)

4. A citizen of _____, a legal permanent resident of _____
(Country) _____, whose position or occupation in that country is _____
(Country)

5. Purpose of Exchange Visit to Humboldt State University: _____

6. U.S. Address: _____

7. Duration of visit: from: _____ to _____
(Mo) (Day) (Yr) (Mo) (Day) (Yr)

8. Has this individual *ever* held J-1 status before?

No Yes If yes, please provide the past program inclusive dates:

from: _____ to _____
(Mo) (Day) (Yr) (Mo) (Day) (Yr)

from: _____ to _____
(Mo) (Day) (Yr) (Mo) (Day) (Yr)

and have copies of previous authorized forms (DS-2019 or I-94) approving J-1 status forwarded (via FAX at (707)826-5480, if possible.)

Field of study, research, teaching:

Brief description of program: _____

DOCUMENTATION OF FINANCIAL SUPPORT:

Federal regulations require us to obtain from you a certification that you have adequate financial resources to meet all expenses related to your program.

Identify below the sources of funding available to you for the period of your stay. Identify each source of funding and the amount of financial support provided. For funding sources other than this institution, please provide evidence of support.

- a. The program sponsor (HSU) \$ _____
- b. U.S. government agency(ies) \$ _____
- c. International organization(s) \$ _____
- d. The Exchange Visitor's government \$ _____
- e. The binational commission of visitor's country \$ _____
- f. All other organizations providing support \$ _____
- g. Personal funds \$ _____

DEPENDENT INFORMATION

1. _____
FAMILY NAME of *Dependent* (First Name) (Middle Name)

Relationship _____

Male Female Birth date _____ Birthplace _____
(Month/day/year) (City)

(Country) _____ Country of Citizenship: _____ Legal Permanent Resident of: _____

2.

FAMILY NAME of *Dependent* _____ (First Name) _____ (Middle Name) _____

Relationship

Male () Female () Birth date _____ Birthplace _____
(Month/day/year) (City)

(Country) _____ Country of Citizenship: _____ Legal Permanent Resident of: _____

3.

FAMILY NAME of *Dependent* _____ (First Name) _____ (Middle Name) _____

Relationship

Male () Female () Birth date _____ Birthplace _____
(Month/day/year) (City)

(Country) _____ Country of Citizenship: _____ Legal Permanent Resident of: _____

Dependents will: (check one) _____ Travel with me _____ Travel separately

MAILING ADDRESS

Provide below the exact address to which the DS-2019 should be mailed: _____

NOTE TO THE COLLEGE DEAN/APPROPRIATE ADMINISTRATOR: *Please forward the letter of invitation, along with this questionnaire, to the Office for Academic Affairs. Thank you.*