



APPLICATION TO PARTICIPATE IN THE EXCHANGE VISITOR PROGRAM AT PSU

This application form is to be completed in full by the International Scholar and returned to Lisa Ladd, International Employee Assistant, MSC 14, Plymouth State University, Plymouth, NH 03264, at least forty-five days before the date you plan to arrive. The information provided on this form will enable the Program Sponsor to determine your eligibility to participate in the Exchange Visitor Program and to issue you Form DS-2019. Be sure to attach all requested documentation to this form.

Name of the Person Offering PSU Sponsorship \_\_\_\_\_
PSU Department Offering Sponsorship \_\_\_\_\_
Anticipated Dates of Stay at PSU: From \_\_\_\_\_ To: \_\_\_\_\_
(Month/Day/Year) (Month/Day/Year)

Your Name \_\_\_\_\_
(Family) (First) (Middle)

Current Mailing Address \_\_\_\_\_
Current Phone: \_\_\_\_\_ Current Fax #: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Permanent Foreign Address: \_\_\_\_\_
Male [ ] Female [ ] Marital Status \_\_\_\_\_ Date of Birth \_\_\_\_\_
(Month/Day/Year)

Place of Birth \_\_\_\_\_
(City) (Country)

Country of Citizenship \_\_\_\_\_

U.S. Social Security Number (if any) \_\_\_\_\_

Country of Legal Permanent Residency \_\_\_\_\_

Present Occupation \_\_\_\_\_

Name and Address of Home Institution or Current Employer \_\_\_\_\_

Academic Degree(s) (Please indicate degree awarded, academic institution, and year awarded) \_\_\_\_\_

Have you visited the U.S. before? Yes [ ] No [ ] If yes, provide the dates of previous visitor stay in the U.S. over the past five years and the type of visa(s) you held during those visits. (Attach additional sheet if necessary).

If you are currently in the U.S., what is your current immigration status? \_\_\_\_\_

Attach a copy of your I-94 card, passport, current passport visa, and copies of any DS-2019, I-20, or I-797 you have been issued.

Please Note: Effective June 1996, federal regulations prohibit an Exchange Visitor Program Sponsor from issuing DS-2019 for a professor or researcher to any individual who has been physically present in the U.S. in J-1 visa status for more than six months of the twelve month period immediately preceding the anticipated start date of a new program, unless the individual is being transferred from another program sponsor as permitted under federal regulation.

Provide the dates of your current and/or last stay in the U.S. as an Exchange Visitor in J-1 visa status. From \_\_\_\_\_ to \_\_\_\_\_
(Month/Day/Year) (Month/Day/Year)

If you are currently in the U.S. as an Exchange Visitor, provide the name, address and phone number of your current Exchange Visitor Program Sponsor:

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Are your English language skills adequate to perform the duties required by the PSU department and to make a successful cultural adjustment to the campus and the larger community? Yes  No

Comments: \_\_\_\_\_

Family Information: (Please check all that apply)

- Family members will accompany me to the United States
- Family members may join me at a later date
- Number of family members who will accompany or join me
- Family members are already in the United States
- No family members will come to the United States

Provide the following information for any family member who is currently with you in the U.S., will accompany you to the U.S., or will join you later (Attach separate sheet of paper if necessary):

Full name \_\_\_\_\_

Place of birth (city/country) \_\_\_\_\_

Date of birth \_\_\_\_\_

Country of citizenship \_\_\_\_\_

Country of legal residency \_\_\_\_\_

Relationship to you \_\_\_\_\_

**Financial Information:** Program sponsors are required to verify that the exchange visitor has adequate financial support for him/herself and all accompanying family members for the duration of their program. Complete the information below in detail. Attach evidence of financial support for all relevant categories. (Copy of personal bank statement, copy of award letter from your government, home institution or employer, etc.) If you will receive support from any Agency of the U.S. Government, your Home Government or any International Organization, please provide the name of that agency or organization.

Source:	US Dollar Amt.
<b>Agency/Institution</b>	
Plymouth State University	_____
Personal Funds	_____
U.S. Government Agency (ies)	_____
International Organization(s)	_____
Home Government	_____
Home University	_____
Other (Specify)	_____

**Complete and Sign the Following: I verify that the information provided in this application is accurate. I also verify that I understand that I must carry adequate medical insurance coverage and comply with all regulations of the United States Information Agency's Exchange Visitor Program and the rules set down by the Plymouth State University. I realize that failure to abide by USIA regulations may mean dismissal from the Program.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**