



This form should be completed by the host department (**not by prospective visitor**), signed by the Department Chair, and submitted to International Programs and Services (IPS) with supporting documents. If prospective exchange visitor will be employed by ETSU (on Payroll), host department must contact Human Resources. This form should not be used for exchange students or trainees. Please answer all questions; use NA as appropriate.

**This form must be submitted no later than two months prior to the expected start of the visit.**

**PART 1 - DEPARTMENT INFORMATION**

1. Host Department: \_\_\_\_\_
2. Host Professor: \_\_\_\_\_
3. Phone: \_\_\_\_\_ 4. E-mail: \_\_\_\_\_
5. Other Department Contact: Name: \_\_\_\_\_ 6. E-Mail: \_\_\_\_\_

**PART 2 - SCHOLAR INFORMATION (Please include a scan of the passport biographic page)**

7. Name of Scholar: \_\_\_\_\_  
(as in passport) Family Name Given Name(s) (**including full middle name**) (If any)
8. Male/Female: \_\_\_\_\_ 9. Date of Birth: \_\_\_\_\_ 10. Place of Birth: \_\_\_\_\_  
Month/Day/Year City Country
11. Citizen of: \_\_\_\_\_ 12. Legal Permanent Resident of: \_\_\_\_\_  
Country Country
- If countries of citizenship and permanent residency are different, attach a copy of residency permit.**
13. Current (or most recent) employer **AND POSITION** in country of legal permanent residence: \_\_\_\_\_  
\_\_\_\_\_
14. Highest degree received (*check one*): Ph.D. Other  
If not Ph.D., give **date and actual name of degree, plus any additional education** (*not U.S. equivalent*)  
(example: "Maitrise, 2004, plus two years additional study") \_\_\_\_\_  
\_\_\_\_\_
15. How will the prospective visiting scholars document his or her English Proficiency level?  
TOEFL – scores must be submitted to ETSU electronically.  
Oral Proficiency Interview (OPI) test – After submission of required documentation, an OPI interview date will be set up  
between Dr. Martha Michieka and the visitor. Dr. Michieka will conduct the OPI interview and provide IPS with the results.
16. **IMPORTANT (This information must be accurate)** Has this Visitor participated in a J-1 or J-2 program with any institution in  
the past 24 months? (Yes/No) \_\_\_\_\_ (If yes, please explain below): \_\_\_\_\_  
\_\_\_\_\_
- IMPORTANT: Attach copies of all DS-2019 forms covering this period; if currently in U.S., also attach copy of current I-94**
17. Has this Visitor visited ETSU before? (Yes/No) \_\_\_\_\_ If yes, give most recent dates: \_\_\_\_\_ Visa used: \_\_\_\_\_
18. Will the Visitor be accompanied by spouse or children? (Yes/No) \_\_\_\_\_ How many? \_\_\_\_\_  
**(IMPORTANT: If yes, on a separate page, give name(as in passport), date of birth, gender, city and country of birth, country of citizenship, and country of legal permanent residence for each dependent)**
19. Visitor's current residential address in home country: \_\_\_\_\_  
\_\_\_\_\_
20. E-mail Address: \_\_\_\_\_ 21. Visitor's Telephone #: \_\_\_\_\_

### PART 3 - PROGRAM INFORMATION

22. Description of visitor's proposed program at ETSU, **including area of teaching or research** : (Examples: conduct research in theoretical physics; teach courses in Italian; conduct three-day workshop in ecology; observe university administration.) **[NOTE: Remember that ETSU Policy does not permit anyone to take or audit classes without registering and paying. If the program includes any classes, call IPS to discuss options]**

This is an extension request? (Yes/No) \_\_\_\_\_ If yes, please include the dates of the extension below.

23. Dates of ETSU program from \_\_\_\_\_ to \_\_\_\_\_  
Month/Day/Year Month/Day/Year

[Do not include dates for Visitor's personal travel (Visitor is permitted to arrive 30 days early and remain in U.S. for up to 30 days of travel after leaving ETSU without special permission; no employment or payment is permitted during this period)]

24. [Answering is mandatory] Is there any possibility that Visitor will extend program with ETSU beyond dates given above?

(Yes/No) If yes, could the Visitor stay a total of more than six months (Yes/No) \_\_\_\_\_

More than one year? \_\_\_\_\_ More than five years? \_\_\_\_\_

Explain: \_\_\_\_\_

25. Where will Visitor be conducting research, teaching or other activity while on this program at ETSU?

***[List exact address (including street address and zip code) for all locations]:***

26. What office or desk space will be provided for Visitor? \_\_\_\_\_

27. Other Facilities and services host department will provide for visitor (Examples, secretarial help, rental car, ect.)

28. During this trip to the U.S., will Visitor be paid by any other U.S. institution? (Yes/No)

29. Will this scholar visit your department again in the two-year period following this program? (Yes/No) \_\_\_\_\_  
If answer to Questions 29 or 30 is Yes, give details on separate sheet or call International Programs and Services to discuss.

## PART 4 - FUNDING INFORMATION

30. Will this Visitor be paid by ETSU host department during his/her visit? (Check one or all that apply)

Visitor will not receive any payment or reimbursement from ETSU

Visitor's government (submit documentation)

Personal Funds

Visitor will be employed (on Payroll) by the department listed in Item 1 \_\_\_\_\_

Other ETSU funding; explain: \_\_\_\_\_

Amount Total:

31. If any ETSU funds will be used to support this visitor, were these funds obtained specifically for this visitor or specifically to support international exchange? (Yes/No) THIS DOES NOT INCLUDE REGULAR RESEARCH FUNDS. If yes, please attach documentation, such as copy of funding agreement.

32. List all non-ETSU funding to be provided directly to this visitor during his/her visit at ETSU:  
 IMPORTANT!!!! Please attach documentation, in English, of all funding!!! This is normally a letter from the funding organization specifying the source, dates and amount of funding. (Do not include cost of travel to/from the U.S.) The letter must state that the funds will be available to the visitor while in the U.S. or while at ETSU.

<u>SOURCE</u>	<u>AMOUNT</u>
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AMOUNT

Visitor's government:

Other organization(s) {specify}: \_\_\_\_\_

Personal funds (only if necessary to supplement other funds; provide documentation):

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**PART 5 - INSURANCE INFORMATION**

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33. The host department acknowledges that a person in J-1 status is required by law to maintain adequate health insurance for themselves and any family members in J-2 status for the entirety of their program. Failure to do so may result in the immediate cancellation of the program. Departments also agree to facilitate the process of enrolling individuals connected to their department in the ETSU group student and scholar insurance policy when that option for insurance is utilized, or help to facilitate and ensure the scholar's coverage even if that option is not utilized. (More information can be found on our website.)

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Host Professor Signature

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Name (printed)

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Date

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**PART 6 - MAILING INSTRUCTIONS**

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34. Host Professor/Department is responsible for shipping the completed DS-2019 to the J visitor. IPS strongly urges the use of a delivery service (FedEx UPS, DHL, etc.). Caution! U.S. Airmail can take one month or more to be delivered and is not as secure as private delivery services.

When the DS-2019 is ready who should be contacted? Name: \_\_\_\_\_ e-mail: \_\_\_\_\_

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**PART 7 - DEPARTMENT APPROVAL (*Required for all J-1 Visitors*)** (Please read before signing!)

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35. **Approval by Host Professor:** I certify that this visitor will be associated with me for the duration of the dates listed in Question 23 above. I will ensure that he/she is included in the activities of this department. **If the visitor leaves early or is absent for more than 30 days, I will inform my Department Head and/or the ETSU IPS Office.**

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Host Professor Signature

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Name (printed)

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Date

36. **Approval by Department Head:** I will ensure that this visitor is included in the activities of this department for the period specified in Question 23 above. I also certify that this department will pay the visitor the salary or honorarium specified in Questions 30 and/or 31 above. I will inform IPS if the visitor is terminated from employment, requests a leave of absence of more than 30 days, or return to his/her home country more than 30 days before the program end date in the DS-2019. Will this scholar be exposed to technology, equipment, software, or information a) listed on the Commerce Control List (CCL) of the Export Administration Regulations (EAR) or b) subject to the International Traffic in Arms Regulations (ITAR) listed as a Defense Article or Technical Data on the U.S. Munitions List (USML), or otherwise designed, developed, configured, adapted or modified for military application?

Yes

No

[If yes, explain on a separate sheet.] If you are not sure, please consult the ETSU Export Control at 439.6052 or visiting the Export Control website at <http://www.etsu.edu/research/orspa/researchcompliance/exportcontrol/>.

**IMPORTANT: I will inform International Programs and Services if the visitor is terminated from employment or leaves The University more than 30 days earlier than the dates given above or if the visitor is absent for more than 30 days.**

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Department Head Signature

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Name (printed)

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Date

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