REQUEST FOR U.S. DEPARTMENT OF STATE DS-2019 CERTIFICATE (J-1 VISA) FOR INTERNATIONAL RESEARCHERS OR PROFESSORS

Please read this form carefully. The information given on this form will be used on the actual Department of State document. THIS FORM MUST BE SIGNED BY THE UMBC SPONSOR.

Name:					
	(Family Name)		(First Name)	(Middle Name)	
☐ Male	☐ Female	Marital Status:	☐ Married	☐ Single	
Date of Birth:	(MM/DD/YYYY)	Place of Birth:	(City)	(Country)	
				(Country)	
Home Address	S:				
Position in Ho	me Country:				
Employer:					
*Is Visitor's en	mployer a private emplo	yer, a federal employer, or	a state employer?		
Legal Permane	ent Resident of:		Country of Citizenship):	
Dates of Appo	ointment at UMBC:	Month Day Year	to	Month Day Year	
Do you plan to	o invite visitor back to U	.S. within one year of appo	ointment ending date?	☐ Yes ☐ No	
Title of UMBO	C Appointment:				
Department W	here Visitor Will Work:				
	the Office of Internation of Maryland, Baltimore		nis individual will not b	e working on the main campus	
Brief Specific	Description of Duties: ((e.g., conduct regional an	alysis of ecological ch	anges)	
Subject/Field	Code from CIP List:_	(i.e., 40.0601	Coology/Earth Spigner	Comoral)	
Source and Ar UMBC	nount of Financial Suppo	ort: (please indicate amou	nt per annum in U.S. do	ollars)	
U.S. Governme	ent Agency/Agencies				
Exchange Visit	tor's Government				
International O	rganization				
Personal Funds	3				
All Other Suppo	orting Organizations	(please write nam	nes of sources and per an	num amounts)	

Address where DS-2019 is to be	mailed: (if diff	Ferent from Home Address) AND a da	aytime telephone number:			
If the individual is presently in the	ne United States	s, indicate current Visa Status:				
	change Visitor ES	status in the category of Professor or NO	Research Scholar during the past			
visitor's prior J-1 status was in S	hort Term Scho	t repeat participation in the J-1 Resea plar status, please answer "no" to the r will be in contact with the beneficia	above question. If the visitor's			
Please list the following information for a spouse or dependent children accompanying the Exchange Visitor to the United States. Be sure to include a scan of the passport information page for all exchange visitor's dependents. NAME: LAST, First, Middle GENDER DATE, CITY, & COUNTRY OF CITIZENSHIP &						
	(Sex):	COUNTRY OF BIRTH	COUNTRY OF PERMANENT RESIDENCY			
1. Spouse						
2. Child						
3. Child						
4. Child						
5. Child						
Will dependents be arriving in the	ne U.S. with the	e Exchange Visitor?				
yes if no	ot, please list da	ate they will be arriving:				
Request Authorized By:		(Signature of Department Chair)				
Pepartment: Telephone Number:						
Date:						
Pleas	se complete this	s form and return it with any correspo	ondence to:			
	Office of	ian V. Souders, Interim Director f International Education Services ty of Maryland, Baltimore County 1000 Hilltop Circle				

If you have any questions when completing this form, contact our office at (410) 455-2624 or e-mail at ies@umbc.edu.

Administration Building, Room 224 Baltimore, Maryland 21250