## **Exchange Visitor Department Request**

## PLEASE COMPLETE ALL THE INFORMATION REQUESTED. THE DS-2019 FORM CANNOT BE MADE WITHOUT ALL THE NECESSARY INFORMATION.

Today's date:	(Note: exchange arrangements should begin a minimum 4-5 months prior to expected arrival date.			
Exchange Visitor				
Family Name:				
First Name:				
Middle Name:				
Exact Dates of Exchanç	ge Visitor's scholarly activities at ISU: from	То:		
J-1 Category: Please	choose one			
Student	☐ Professor (for those with teaching assignments)	Research Scholar		
Inviting Department:				
Chairperson:	Today's Date:			
Department Phone Nun	nber:			
Campus Box Number: -				
Name of faculty contact	*:			
E-mail address:				

\*Note: this is the department faculty or staff member who will be responsible for the exchange arrangements, including:

- Liaise with other relevant academic programs
- Coordinate information and paperwork with the Office of Equity and Inclusion.
- Courier (DHL or FedEx) the visa/invitation packet to the Exchange Visitor or see below.
- Officially welcome the visitor and/or arrange airport pick up.
- Help the visitor with housing, move in, shopping, obtaining University ID card, parking permit, and e-mail account
- Arrange for tour of campus and library
- Set up introductions to the Vice President for Academic Affairs, department faculty and key staff
- Assist during initial adjustment to ISU and U.S.A
- THE VISITOR MUST PRESENT HIMSELF TO THE OFFICE OF EQUITY AND INCLUSION NO LATER THAN 20 DAYS AFTER ARRIVAL IN THE US. THIS IS A NEW REGULATION. FAILURE TO REPORT WILL RESULT IN THE CANCELLATION OF THE VISITOR'S STATUS.

**Important Scholar Info** 

Please describe the specific s	scholarly activities, o	duties, and responsibilities that	the scholar will have while at Idaho		
Site (physical address/location	· · · · · · · · · · · · · · · · · · ·				
Has the scholar <b>ever</b> held J-			or extensions, please give current		
dates as well as any previous			or extensions, please give current		
Dates	J-1 Category	University			
	o i concigui,				
Shipping Information					
If the department prefers the Office of Equity and Inclusion to Fedex the packet for you, then please provide your					
department's Index Code information here					
Index Code:					
Dan autor and Canda at Nama 9 Stan Number					
Department Contact Name & Stop Number:					
dates, any funding, its aware of.	tion to the Scholar fo source and any oth	er pertinent information for the	ean. The letter should outline expected scholar and the US Embassy to be rtment, personal funds, governmental		
funds, grants or a com			and in personal rando, governmental		
Signature of Department Chair	person	Signature	Date		
Signature of College Dean		Signature	Date		
Questions about this form? Ca	all the Office of Equi	ty and Inclusion at 3142			
Office of Equity and Inclusion		-			
Approval by Department?					
Official invitation letter attache	d?				
Original Proof of Funds attached?					
Dependent Information, if applicable, attached?					