EXCHANGE VISITOR APPLICATION FORM FOR STAFF
For use in Obtaining a Certificate of Eligibility (DS-2019) for Exchange Visitor (J-1) Status

Exchange Visitor's Name:_____
Family or Surname First or Given Name
Male _____Female _____ Date of Birth _____ Place of Birth _____
MM/DD/YY City Country
Country of Citizenship: _____Country of Permanent Residency: _____
Position or Occupation in place of Permanent Residency: _____
Category: _____
Select a category that best describes the current occupation: Academic, Private Sector, Corporations, Arts

Present Mailing Address:_____

_____
This Exchange Visitor will be a:____ Professor ____ Research Scholar ____ Short-Term Scholar ____ Specialist____
Under the supervision of: _____(_____)_____
Family or Surname First or Given Name Telephone Number
Give a brief description of the education field in which the visitor will be engaged:

Date of appointment from _____ to _____ (currently funded)
Anticipated Total Duration of Appointment _____ months or years.
J-1 status is only for temporary appointments
Give the amount of financial support the visitor will receive from each of the following for the period of current funding and attach substantiating document(s):

The University of the Pacific (on PACIFIC payroll) _____ $_____
A U.S. government agency (specify)_____$_____
An international organization (specify) _____ $_____
The Bi-National Commission of the visitor's country _____ $_____
All other organization providing support (specify) _____ $_____
The Visitor's personal funds_____ $_____

_____
University Use Only

Requested by:_____
Signature and Date
Department: _____

Authorized by: _____
Provost Date