Visiting Scholar Application

STATE UNIVERSITY OF NEW YORK, BUFFALO STATE
Global Engagement
South Wing 410
(716) 878-5331

The following information is necessary for the State University College at Buffalo to complete a DS-2019 Form, required for a U.S. Exchange Visitor visa (J-1). We cannot process the DS-2019 without <u>ALL</u> of the information. Please fill in the following fields.

Please include with this application a copy of your passport (only page with photo), resume, statement explaining purpose of visit, proof of finances, and an English Proficiency Verification Form with attachments (if English is <u>not first language</u>).

| Last Name of Visitor | First Name | | Middle Name |
|---|-----------------------|--------------------|-------------|
| | | | |
| Birth Date (mm/dd/yyyy) | City of Birth | Country | of Birth |
| | | | |
| Citizenship | Country of Current Lo | egal Permanent Res | sidence |
| Current Mailing Address | | | |
| | | | |
| Current Phone Number | E-ma | ail Address | |
| | | | |
| Job Title in Home Country Prior to | Arrival in U.S. | | |
| | | | |
| Field of Specialization (Be specific macro-economist, include subspect U.S.?) | | | |
| | | | |

| From (Month/Date/Year) | To (Month/Date/Year) | |
|--|---|-----------------------------|
| | | |
| source, please indicate below. If expenses, then supplemental su | al Support bw. If the visitor will have financial support from support from visitor's institution is insufficient fo pport from others or the visitor's own resources de at least \$1000 per month. Please attach do | r average living must be |
| Exchange Visitor's Government | Name: | Amount: |
| International Organization | Name: | Amount: |
| U.S. Government Agency | Name: | Amount |
| Endowment Funds | Name: | Amount: |
| State Payroll | Name: | Amount |
| Research Foundation Payroll | Name: | Amount |
| Personal Funds | Name: | Amount |
| | Total: | Amount |
| If visitor has previously been issu | ued a U.S. social security card, please provide ı | number: |

| Marital Status | | | | | |
|---|--------------------|------------------|-----------------|-------------------|----------------|
| ☐ Single ☐ Married | | | | | |
| The following inform joining him/her at a | - | vided for each | family member a | accompanying | the visitor or |
| Name: | Relationship: | Gender: | DOB: | City of Birth: | Citizenship: |
| | | | | | |
| | | | | | |
| | | | | | |
| The above family me | embers will: | Will a DS-2 | 2019 be needed | for a J-2 visa? | |
| ☐ Accompany visite | or | ☐ Yes | | | |
| ☐ Join visitor at a la | ater date | ☐ No | | | |
| If a J-2 visa is need individual. | ded, please inclu | de copy of pas | ssport and pro | of of finances | supporting the |
| Passport Number: | | | Passport Expi | ration Date: | |
| | | | | | |
| Please indicate any | previous experier | nce as a J-1 stu | dent, researche | er, or professor | : |
| Institution: | | | Dates: | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Faculty or staff mem | nber requesting DS | S-2019: | | | |
| Name: | Title: | | Campus A | ddress: | Phone #: |
| | | | | | |

| Please attach a job/research description including the objectives and activities of the exchange visitor, original invitation letter, visitor's resume, passport copy, financial support documents, and the English Proficiency Verification form to: |
|---|
| Joy Guarino, Director |

Global Engagement South Wing 410 Phone: 716-878 -4518

Note: Visiting scholars are required to pay a \$500 administrative fee to International & Exchange Programs. This payment is due upon arrival.

The following signature is required in order for International Student an Scholar Services to process the DS-2019 for the visiting scholar.

| Joy Guarino, Director Global Engagement | Date |
|--|------|
| | |