

DS-2019 REQUEST FORM (FOR J-1 VISA EXCHANGE VISITORS)

This form should be completed by the Mercer University Department or Mercer University affiliated organization requesting the exchange visitor. Before completing the form, please read carefully the attached description of the Exchange Visitor Program. Please attach to this form a written statement (2-3 paragraphs) explaining the purpose of the incoming exchange visitor's stay at Mercer University.

Return the completed form to: Eric Spears, Ph.D. Office of International Programs Mercer University 1400 Coleman Avenue Macon, GA 31207 U.S.A.

Exchange Visitor's Name: Family Name Given Middle

Date of Birth: Month Day Year Sex: Male Female Title: Ph.D., M.D., M.A., M.S., Mr., Ms.

City of Birth: Country of Birth:

Citizen of: Country of Legal Permanent Residence:

Position/Job Title in Home Country:

Employer in Home Country:

Overseas Mailing Address:

- Send completed DS-2019 to: Visitor in home country, Sponsoring department, Call department for pickup, Other

Address where DS-2019 should be sent:

Telephone number in home country:

Length of visitor's stay: Begin: End: Month Day Year

- Category of work performed (circle one): Student, Professor, Dependent, Research Scholar or Specialist

Subject, specialty, or field of activity and duties to be performed at Mercer University or affiliated site (please be specific):

Financial Support: (U.S. Department of State Requirement)

During the period covered by this program, the total estimated financial support (in U.S. dollars) is to be provided to the exchange visitor by the amount(s) listed below. Attach written documentation/proof of financial support from a financial institution, and documentation of funds from Mercer University (if applicable).

Table with 2 columns: Source of Support, Amount (\$)

Table with 2 columns: Funds paid to visitor by Mercer University, Amount (\$)

Exchange Visitor will work under the direction of Telephone Contact Person Telephone Department/Location