



DS-2019 REQUEST FORM
FOR RESEARCH SCHOLARS, SHORT TERM SCHOLARS AND VISITING PROFESSORS

Please type or print in UPPERCASE BLOCK Letters. Complete all requested information

BIOGRAPHICAL INFORMATION

1. Name: _____
Family Name First Name Middle Name
2. Date of Birth: Month ___ Day ___ Year _____ 3. Gender: Male Female
4. Permanent Address in Home Country: _____

City Country Postal Code
5. Email: _____
6. Telephone: _____
7. FAX: _____
8. Highest Educational Degree Earned:
 Bachelors Masters Doctoral
8. City of Birth: _____ 9. Country of Birth: _____
10. Country of Citizenship: _____ 11. Country of Legal Permanent Residence: _____

PROGRAM INFORMATION

12. Category for which you are applying:
 Research Scholar - Primary focus is research
 Short-term Scholar (Less than 6 months) - Primary focus is research
 Visiting Professor - Primary focus is teaching
13. Anticipated Program Dates:
Date of Arrival Month ___ Day ___ Year _____
Date of Departure Month ___ Day ___ Year _____
14. Have you ever previously been sponsored on a J-1 Visa as a Research Scholar or Visiting Professor?
 NO
 YES - List the dates of your previous J-1 program:
Start: ___/___/___ End: ___/___/___
15. Occupation/Position in Home Country: _____
16. IUP Academic Department sponsoring your visit: _____
17. Name of contact in IUP Academic Department: _____
18. Subject/Field of research while at IUP: _____
- Brief description of activities: _____

DEPENDENT INFORMATION

If the participant will be accompanied by family, please provide the following details for each accompanying family member. If additional spaces are needed, please attach additional copies of the last page.

22. Dependent #1 - SPOUSE or CHILD/DEPENDANT

Name: _____
Family Name First Name Middle Name

Date of Birth: Month ___ Day ___ Year _____ Gender: Male Female

City of Birth: _____ Country of Birth: _____

Country of Legal Permanent Residence: _____ Country of Citizenship: _____

23. Dependent #2 - SPOUSE or CHILD/DEPENDANT

Name: _____
Family Name First Name Middle Name

Date of Birth: Month ___ Day ___ Year _____ Gender: Male Female

City of Birth: _____ Country of Birth: _____

Country of Legal Permanent Residence: _____ Country of Citizenship: _____

24. Dependent #3 - SPOUSE or CHILD/DEPENDANT

Name: _____
Family Name First Name Middle Name

Date of Birth: Month ___ Day ___ Year _____ Gender: Male Female

City of Birth: _____ Country of Birth: _____

Country of Legal Permanent Residence: _____ Country of Citizenship: _____

25. Dependent #4 - SPOUSE or CHILD/DEPENDANT

Name: _____
Family Name First Name Middle Name

Date of Birth: Month ___ Day ___ Year _____ Gender: Male Female

City of Birth: _____ Country of Birth: _____

Country of Legal Permanent Residence: _____ Country of Citizenship: _____
