



Office of International Education
Delaney Hall B-25, 920 Grant Street
Indiana, PA 15705-1070
(724) 357-2295
www.iup.edu/international

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

Please fill out electronically. Complete all requested information

BIOGRAPHICAL INFORMATION

1. Name: _____
Surname/Primary Name Given Name
2. Date of Birth: *Month* ___ *Day* ___ *Year* ___ ___ ___ 3. Gender: Male Female
4. Permanent Address in Home Country: _____
_____ 5. Email: _____
_____ 6. Telephone: _____
_____ 7. FAX: _____
_____ 8. Highest Educational Degree Earned:
City Country Postal Code 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: _____
Specific description of activities: _____

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DEPENDENT INFORMATION

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

22. Dependent #1 - SPOUSE or CHILD/DEPENDENT

Name: _____
Surname/Primary Name Given Name

Date of Birth: Month__ __ Day__ __ Year__ __ __ __ Gender: Male Female

City of Birth: _____ Country of Birth: _____

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

EMAIL: _____

23. Dependent #2 - SPOUSE or CHILD/DEPENDENT

Name: _____
Surname/Primary Name Given Name

Date of Birth: Month__ __ Day__ __ Year__ __ __ __ Gender: Male Female

City of Birth: _____ Country of Birth: _____

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

EMAIL: _____

24. Dependent #3 - SPOUSE or CHILD/DEPENDENT

Name: _____
Surname/Primary Name Given Name

Date of Birth: Month__ __ Day__ __ Year__ __ __ __ Gender: Male Female

City of Birth: _____ Country of Birth: _____

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

EMAIL: _____
