

INFORMATION ABOUT EXCHANGE VISITOR FOR PREPARATION OF DS-2019

To be completed by exchange visitor

Please type and please provide complete information for each item

Name:
Family Name(s) First Middle

Gender: Male Female Date of Birth:

Place of Birth:
City Province Country

Country of Citizenship: Country of Legal Permanent Res.:

Position in that Country:

To be completed by sponsoring department at UTA

Sponsoring Dept. at UTA:

Supervisor of Exchange Visitor at UTA:

Position: Phone:

Campus Street Address:

Explain in detail any ways that this visit or visitor is unique.

Date of Arrival/Program start date:

Date of departure from UTA/Program Completion:

List the visitor's current institution or employer or, if he or she is not currently employed, list his or her most recent prior employer and (if applicable) the employer obligated to hire him or her upon his or her return. Please also submit a current CV with his or her educational and employment history.

Employer's Name & Address:

Employment Dates:

Supervisor's Name & Title:

Supervisor's Email & Phone:

Description of Proposed Activity During Visit at UT Arlington:

List any expected outcome(s) of the visit (technique learned, publication, final report, etc.):

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New program end date (For extension only): Visitor's position at UTA:

Is there a possibility of stay extending past six months if short-term scholar? Yes No

Source of UTA funds: Amount
Faculty Salaries

Amount
Grant

Non-UTA Funds: Amount

For what period of period of period of time are funds guaranteed? Start Date: End Date:

What (if any) technologies and/or information systems will be accessed during the visit to UT Arlington:

Yes No

Will any special equipment or items be needed for the research/scholarship?

If yes, explain in greater detail below and note if Host does not control the special equipment or items:

Yes No

Will Visitor bring any intellectual property or any proprietary or confidential information/data for use in the research/scholarship?

If yes, describe the intellectual property or the information/data and who or what entity owns or controls it.

Supervising professor certification of English Language Proficiency:

"The above exchange visitor will be able to participate in his or her program and to function on a day-to-day basis in English" Signature:

Suggested objective measurements of English Language Proficiency as per U.S. Department of State [22 CFR 62.11(a)(2)], check all that apply:

- A recognized English Language Test;
(Such as IELTS speaking score of 5, iBT speaking score of at least 18-25, or TOEIC speaking score of at least 6)
- Signed documentation from an academic institution or English Language School; or
- A documented interview conducted by the sponsor either in-person or by video conference, or by telephone if video conference is not a viable option. PLEASE INCLUDE A COPY OF THE INTERVIEW RESULTS.

Administrative assistant to contact when DS-2019 is ready:

Name: Email:

Ext.:

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Please complete ONLY if Alien is presently in the U.S.

Present immigration status: B-1/B-2 F-1 J-1

Other (Specify)

If J-1, current program sponsor:

(Please attach copy of IAP-66 if issued by another institution)

From what Date:

Category of Activity: Professor Researcher Student Short term scholar

Name and Address of Responsible Officer: