



This application should be completed by the potential visiting scholar.

Please print or type your information. List your name exactly as it appears on the passport for yourself and any family members who might accompany you.

PERSONAL INFORMATION (Important: List your name as it appears on your passport)

Last Name (surname): _____

First Name: _____ Gender: Male Female

Middle Name (if applicable): _____ Date of Birth (mm/dd/yyyy): _____

City and Country of Birth: _____

Country of Legal Permanent Residence: _____

Current Address: _____

Email: _____ Zoom: _____

Home Phone: _____ Cell Phone: _____

FAMILY MEMBERS

If you are invited to the department as a visiting scholar, do you intend to bring other family members? Yes No

Please list their specific information below:

Name: As it appears in passport	Relationship	Gender	Date of Birth	City/County of Birth	Country of Legal Perm Residence	Country of Citizenship

J VISA HISTORY

Have you been in J-1 or J-2 status in the past 5 years? Yes No

Start Date: _____ End Date: _____ Category: _____
 Start Date: _____ End Date: _____ Category: _____

FUNDING REQUIREMENTS-Minimum financial requirement:

**Amounts listed subject to change	Living Expenses – per month	Living Expenses – per year
Short-Term	\$2,000 USD	\$24,000 USD

FUNDING REQUIREMENTS FOR FAMILY MEMBERS

Spouse (husband/wife)	\$1,000 USD	\$12,000
Each child under 21	\$ 500 USD	\$6,000

CONTACT IN HOME CITY OR COUNTRY IN CASE OF EMERGENCY

Name: _____

Relationship to You: _____

Address: _____

Email: _____ Zoom: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Fax: _____

ACADEMIC BACKGROUND AND EMPLOYMENT (Please send a current vitae with your application)

Highest degree obtained: _____ Date acquired: _____

Name and Location of Institution: _____

Major Field(s) of Study: _____

Title of Current Position of Employment: _____

Institution/Organization of Employment: _____

Address: _____

Work Phone: _____ Fax: _____

ACADEMIC PROPOSAL

If accepted, what are the preferred dates for attendance?

Proposed Start Date (mm/dd/yyyy):

through End Date: (mm/yyyy):

Describe your goals for the period you intend to visit? And you planned collaboration with faculty(Respond on a separate sheet of paper, if preferred. _____

Proposed activities to meet the stated goals (check all that apply):

- Conduct research on my own project. Topic: _____
- Conduct research with a department faculty member in the area of: _____
- Utilize Arizona State University (ASU) library resources
- Attend courses (with instructor approval)
- Teach or co-teach courses relevant to my area of expertise (with Department chair approval)
- Present research to department, college, and/or other University colleagues
- Other (please specify): _____

DEPARTMENT FACULTY MENTOR

To be accepted as a Visiting International Scholar, a faculty member must agree to serve as your Department Faculty Mentor. A Department Faculty Mentor is someone who agrees to provide guidance to you on your research project and other academic related work while you are at Arizona State University.

Please provide a letter of support from your faculty mentor as part of the application process.

I have read and agree to the Visiting International Scholar guidelines. I understand that if I am accepted as a Visiting International Scholar that I will be sent a Letter of Invitation from the appropriate department head.

Signature: _____ Date: _____

Email: _____ Fax: _____

If you are approved as a Visiting Scholar and receive your letter of invitation you will be required to attach the following documentation to the e-form DS2019 application.

- Medical Insurance requirement form
- Copy of Passport page with biographical information for the J1 Scholar and any accompanying j-2 dependents
- Funding Documentation with award amount and period covered
- Two professional letters of reference
- English Proficiency must be completed by faculty mentor
- Previous DS-2019 forms if applicable
- Curriculum Vitae (CV)
- MLFTC Faculty Support Letter
- Various other supporting documentation may be required

Internal Use Only:

Send to Admin team for acknowledgement

Send Invitation Letter to Iveta for approval

Send Invitation Letter to candidate

Complete DS2019 Process

Department Faculty Mentor: _____ Date: _____

Vice Dean: _____ Date: _____

Dean: _____ Date: _____