

# St. Olaf College

## REQUEST FOR CERTIFICATE OF ELIGIBILITY FOR EXCHANGE VISITOR STATUS

(Form DS-2019 for professor, research scholars, short-term scholar, student associate, student bachelors, student doctorates, student masters, and student non-degrees).

Please press Tab to fill in blanks, print, and return this form to: Roger Loftus, Human Resources (ext. 3068)

Request made by: \_\_\_\_\_ Phone \_\_\_\_\_

Department: \_\_\_\_\_ Date of request (DD/MM/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_

Type of request:

New visa (Visitor is coming direct from his/her country of residence)

Transfer to St. Olaf from another U.S. Institution

Presently at \_\_\_\_\_

on \_\_\_\_\_ (J-1, H-1, or other type of visa) Date visa expires (DD/MM/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_

Extension of stay:

Date of expiration on Form I-94 (found in visitor's passport) (DD/MM/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_

Visitor's name: \_\_\_\_\_ Gender: Male \_\_\_ Female \_\_\_  
Last (family) First (given)

Dates and city of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ City Country  
MM DD YYYY

Country of Citizenship: \_\_\_\_\_

Country of legal permanent residence: \_\_\_\_\_

What was the visitor's occupation in his/her country before leaving for the U.S. (e.g. researcher, instructor, student)?

Position: \_\_\_\_\_ Field of Expertise: \_\_\_\_\_

Briefly describe the duties the visitor will have at St. Olaf (activity/Field of Expertise):

\_\_\_\_\_  
\_\_\_\_\_

Length of stay: \_\_\_\_/\_\_\_\_/\_\_\_\_ through \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY MM DD YYYY

**NOTE:** Trainees, professors, and research/specialists are limited to a maximum three-year stay.

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**Financial Arrangements:** For the period covered by this form, please give the total salary or stipend and travel allowances, and source of funds. If the visitor's support will be coming from more than one source, indicate all such sources and show the amount from each in U.S. dollars.

<b>AMOUNT</b>	<b>SOURCE</b>
\$ _____	_____
\$ _____	_____
\$ _____	_____

**TOTAL**  
\$ \_\_\_\_\_

Will the visitor's immediate family accompany him/her?   yes            No

If so, please list below their names, date and place of birth, relation to the visitor:

Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Date of birth (MM/DD/YYYY): \_\_\_/\_\_\_/\_\_\_\_ Gender: (circle one) Male   Female

Relationship to visitor: \_\_\_\_\_ City of Birth: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

Country of Legal Residence: \_\_\_\_\_

So the DS-2019 can be sent directly to the international scholar, please give the scholar's current mailing address

ResetForm

If there is more than one family member, you will need to replicate this page.