Visiting Scholar Application

STATE UNIVERSITY OF NEW YORK, BUFFALO STATE
Global Engagement
South Wing 410
(716) 878-5331

The following information is necessary for the State University College at Buffalo to complete a DS-2019 Form, required for a U.S. Exchange Visitor visa (J-1). We cannot process the DS-2019 without <u>ALL</u> of the information. Please fill in the following fields.

Please include with this application a copy of your passport (only page with photo), resume, statement explaining purpose of visit, proof of finances, and an English Proficiency Verification Form with attachments (if English is <u>not first language</u>).

Last Name of Visitor	First Name		Middle Name
Birth Date (mm/dd/yyyy)	City of Birth	Country	of Birth
Citizenship	Country of Current Lo	egal Permanent Res	sidence
Current Mailing Address			
Current Phone Number	E-ma	ail Address	
Job Title in Home Country Prior to	Arrival in U.S.		
Field of Specialization (Be specific macro-economist, include subspect U.S.?)			

From (Month/Date/Year)	To (Month/Date/Year)	
source, please indicate below. If expenses, then supplemental su	al Support bw. If the visitor will have financial support from support from visitor's institution is insufficient fo pport from others or the visitor's own resources de at least \$1000 per month. Please attach do	r average living must be
Exchange Visitor's Government	Name:	Amount:
International Organization	Name:	Amount:
U.S. Government Agency	Name:	Amount
Endowment Funds	Name:	Amount:
State Payroll	Name:	Amount
Research Foundation Payroll	Name:	Amount
Personal Funds	Name:	Amount
	Total:	Amount
If visitor has previously been issu	ued a U.S. social security card, please provide ı	number:

Marital Status					
☐ Single ☐ Married					
The following inform joining him/her at a	-	vided for each	family member a	accompanying	the visitor or
Name:	Relationship:	Gender:	DOB:	City of Birth:	Citizenship:
The above family me	embers will:	Will a DS-2	2019 be needed	for a J-2 visa?	
☐ Accompany visite	or	☐ Yes			
☐ Join visitor at a la	ater date	☐ No			
If a J-2 visa is need individual.	ded, please inclu	de copy of pas	ssport and pro	of of finances	supporting the
Passport Number:			Passport Expi	ration Date:	
Please indicate any	previous experier	nce as a J-1 stu	dent, researche	er, or professor	:
Institution:			Dates:		
Faculty or staff mem	nber requesting DS	S-2019:			
Name:	Title:		Campus A	ddress:	Phone #:

Please attach a job/research description including the objectives and activities of the exchange visitor, original invitation letter, visitor's resume, passport copy, financial support documents, and he English Proficiency Verification form to:
Or Robert Summers
Global Engagement
South Wing 410

Note: Visiting scholars are required to pay a \$500 administrative fee to International & Exchange Programs. This payment is due upon arrival.

<u>Dr Robert Summers signature is required in order for Global Engagement to process the DS-2019 for the visiting scholar.</u>

Phone: 716-878 -5331

Robert Summers, Asst. Provost Global Engagement	Date