

International Student and Scholar Services (ISSS)

3109 Susquehanna Hall, College Park, MD 20742
www.iss.umd.edu



DS2019 Data Collection Form

This sheet is to be used by University of Maryland (UM) academic departments collecting information from potential J-1 professors, researchers, short-term scholars, specialists, and trainees. Please answer the following questions as accurately as possible. If you have questions concerning the form, contact the UM academic department hosting you. This form is to be sent to the UM department that invited you to campus. Please attach resume or CV.

1. If you have been in the US on previous trips or are already in the US then you may have been assigned a Social Security Number. Please list that number here: (If you do not have a Social Security number, leave this field blank.)

SOCIAL SECURITY NUMBER	EMAIL ADDRESS
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2. (Note: spelling of your name must match that listed in your passport.)

LAST NAME	FIRST NAME	MIDDLE NAME
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3. Please check one of the following:

- I am outside the US and I wish to enter the US as a J-1 exchange visitor sponsored by the University of Maryland. No family members will be accompanying me.
- I am outside the US and I wish to enter the US as a J-1 exchange visitor sponsored by the University of Maryland. My spouse and/or child(ren) under 21 will be accompanying me. Please fill out the family section below.
- I am presently in the US as a J-1 exchange visitor. Please attach a legible photocopy of all of your DS2019 forms to this request form.
- I am presently in the US with an immigration status other than J-1. My current immigration status is: _____

4.

Dates of intended stay at the UM from MM/DD/YY to MM/DD/YY to	DATE OF BIRTH (MM/DD/YY)	CITY OF BIRTH	COUNTRY OF BIRTH
COUNTRY OF CITIZENSHIP	Sex: MALE/FEMALE	Country of Legal Permanent Residence if other than country of citizenship	
Occupation or job title in home country or country of legal permanent residence:(Example: Assistant Professor, Department of Biology, University of Geneva, Geneva Switzerland; or graduate student, History, Kyoto University, Kyoto Japan)			

5. Have you been in the United States within the last 2 years? YES NO If yes, please list below dates you were present in the U.S. and the type of immigration status for that period. If you were in the U.S. as a J-1 visitor, please indicate J-1 sponsor and category (from box 4 of form DS-2019).

COMMENTS:

Immigration Status: Example: B-1 for Business	Start Date: Example: Entered U.S. 1/1/2006	End Date Example: Left U.S. on 3/31/2006	If J-1, list category (box 4 of DS-2019)	If J-1, List sponsor of J-1 program (box 2 of DS-2019)

6. Have you been a J-1 visitor sponsored by the University of Maryland, College Park before? YES NO

If yes, provide dates of sponsorship and department that hosted you: _____

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7. Please write a brief description of your research or teaching plan in the U.S.

8. If you intend to visit multiple U.S. institutions during this visit to the U.S., list institutions and dates of visits. List financial support on chart below in item 9.

9. Financial support for your visit: The University of Maryland requires J-1 exchange visitors to show a minimum of \$26,370 + \$4,500 per dependent per year. If your visit to the U.S. will be less than one (1) year then you only need to provide documentation of funding for the number of months that you intend to be in the U.S. (\$2,197.50 for the scholar + \$375 for each dependent – per month). Enter other sources of funds in the blank boxes. Separate documentation must accompany all sources of financial support except funds provided by the University of Maryland.

SOURCE OF FUNDING	AMOUNT OF FUNDING	REQUIRED DOCUMENTATION
UNIVERSITY OF MARYLAND		NO DOCUMENTATION REQUIRED
YOUR HOME GOVERNMENT		LETTER FROM GOVERNMENT DETAILING PERIOD OF TIME THAT FUNDING COVERS AND AMOUNT OF FUNDING
PERSONAL OR FAMILY FUNDS		BANK STATEMENTS OR OTHER DOCUMENTS VERIFYING FINANCIAL SUPPORT
OTHER:		

10. Addresses: J-1 Exchange Visitor's are required to provide an address in their home country. Please provide your permanent address:

STREET ADDRESS	CITY STATE/PROVINCE	COUNTRY ZIP CODE	PHONE

Please provide the address of your current employer:

STREET ADDRESS	CITY STATE/PROVINCE	COUNTRY ZIP CODE	PHONE

11. Family Members Accompanying You to the U.S. (spouse or children under 21 only) Please list each family member accompanying you. If you need more space or there is other information you think we should know, please attach an additional page.

LAST NAME	FIRST NAME	MIDDLE NAME	BIRTHDATE (MM/DD/YY)	COUNTRY OF CITIZENSHIP	CITY & COUNTRY OF BIRTH	RELATIONSHIP