Salisbury University DS 2019 Information Form  (J-1 Students, Professors, Short-term Scholars)

PERSONAL INFORMATION

Name ________________________________________________________________

Family name (Last)                                       Given name (First)                                Middle or Maiden Name

International address ______________________________________________________________________________________________

Telephone number____________________________________________E-mail address ________________________________________

Mailing address (if different from above) ______________________________________________________________________________

Are you currently in the U.S?  □ Yes  □ No    If yes, what type of visa/visa status do you have?____________________________

Please provide a copy of the identification page of your passport and of the I-94 (if in the United States).

If available, please provide your U.S.-issued Social Security Number_______________________________________________________

□ Female   □ Male              Date of Birth ___________________________________________________________________________ Month/Day/Year

Country of birth _________________ City of birth__________________ Country of permanent legal residence ________________

PROGRAM INFORMATION

The proposed category for this exchange visitor is:  □ Student  □ Professor/Research Scholar  □ Short-term scholar

* Note: Center for International Education at Salisbury University reserves the right to make the final determination of
the appropriate category for the exchange visitor

Proposed sponsorship period from ________________ to ________________

Proposed position at SU during the Exchange ______________________________________________________________________

Specific field of study, research or professional activity at SU __________________________________________________________

Occupation in home country ______________________________________________________________________________________

*J-1 undergraduate and graduate students need to complete DS 2019 Supplemental Academic Form

DEPENDENT DATA

If any of your family members (spouse and/or children) will be accompanying you to the U.S., please provide the following
information. (Attach additional sheets if necessary):

Name ________________________________________________________________

Relationship (spouse, child) _________________________________________________________________________________________

□ Female   □ Male              Date of birth______________________________________________________ Month/Day/Year

Country of birth _____________________ City of birth ________________Country of permanent legal residence ________________

FINANCIAL INFORMATION

Estimated Expenses  Undergraduate  Graduate  One Year  Professor/
School Year School Year M.B.A.  Short-term Scholar Per Month

Application fee $50 $50 $50 $____
Tuition and fees (if applicable) $16,046 $11,934 $20,229 $____
Room and Board $9,120 $9,120 $9,120 $900
Books/Supplies $1,300 $1,300 $1,300 $____
Medical Insurance $ 725 $ 725 $ 785 $78.50
Personal Expenses $3,000 $3,000 $3,000 $300
Dependents $3,600 $3,600 $3,600 $300

Name of Dependent $__________ $__________ $__________ $__________

SU TOTAL $__________ $__________ $__________ $__________

—over—
Any Exchange Visitor wishing to participate in an exchange program at SU must demonstrate sufficient financial support. Please provide supporting documents for all anticipated funding listed below. All supporting documents must be original, in English and amounts must be in U.S. dollars. All documents must be issued within 12 months of application and specify the length of sponsorship. Please indicate the estimated financial support you expect as an Exchange Visitor:

<table>
<thead>
<tr>
<th>Source of Support</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salisbury University</td>
<td>$</td>
</tr>
<tr>
<td>U.S. Government Agency or Agencies</td>
<td>$</td>
</tr>
<tr>
<td>Exchange Visitor’s Government</td>
<td>$</td>
</tr>
<tr>
<td>International Organization</td>
<td>$</td>
</tr>
<tr>
<td>Binational Commission of the Exchange Visitor’s Country</td>
<td>$</td>
</tr>
<tr>
<td>Any Other Organization</td>
<td>$</td>
</tr>
<tr>
<td>Exchange Visitor’s Personal Funds</td>
<td>$</td>
</tr>
</tbody>
</table>

**TOTAL** $____________

### METHODS OF PAYMENT (for J-1 undergraduate and graduate students only)

Send completed DS 2019 form with a $50 nonrefundable application fee to:

**Salisbury University, Center for International Education, 1101 Camden Avenue, Salisbury, Maryland 21801-6862.**

Enclosed is the $50 payment in the form of:

- [ ] Cash (in-person only)
- [ ] Check
- [ ] Money Order
- [ ] MasterCard

Credit card number ________________
Expiration date (mm/yy) ________________

Authorized signature

Authorized name as appears on the card

### READ AND SIGN

If accepted as an Exchange Visitor at Salisbury University, I agree to abide by all regulations and requirements of the University now in effect and those that may be adopted.

Signature ________________ Date ________________

Full Formal Name ____________________________________________

### TO BE COMPLETED BY SALISBURY UNIVERSITY

I certify that I approve tuition remission for the above student as a part of the exchange with:

- [ ] ATC, China
- [ ] CEDEI, Ecuador
- [ ] ESC Grenoble, France
- [ ] ESC Rennes, France
- [ ] Stirling, Scotland
- [ ] Málaga, Spain

Dr. Diane Allen, Provost ____________________________ Date ________________

I certify that I have reviewed this declaration and all attached documents and approve issuance of a Certificate of Eligibility for exchange visitors (J-1 visa status).

Agata Liszkowska, Associate Director, Center for International Education ____________________________ Date ________________