

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

Center for International Education • 1101 Camden Avenue • Salisbury, Maryland 21801 • 410-677-5495 • toll free at 888-543-0148 • FAX 410-677-6563

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 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 _____
Month/Day/Year Month/Day/Year

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 School Year	Graduate School Year	One Year M.B.A.	Professor/ Short-term Scholar Per Month
Application fee	\$45	\$45	\$45	_____
Tuition and fees (if applicable)	\$15,678	\$11,934	\$23,205	_____
Room and Board	\$8,686	\$8,686	\$8,686	\$900
Books/Supplies	\$1,300	\$1,300	\$1,300	_____
Medical Insurance	\$ 725	\$ 725	\$ 725	\$ 59
Personal Expenses	\$3,000	\$3,000	\$3,000	\$300
Dependents	\$3,600	\$3,600	\$3,600	\$300
_____	\$ _____	\$ _____	\$ _____	\$ _____
<small>Name of Dependent</small>	\$ _____	\$ _____	\$ _____	\$ _____
<small>Name of Dependent</small>	\$ _____	\$ _____	\$ _____	\$ _____
SU TOTAL	\$ _____	\$ _____	\$ _____	\$ _____

—over—

