

UWF J-1 Department Request Form

This form should be completed by the University Department wishing to sponsor a J-1 Professor, Researcher or Short-Term Scholar. Submit completed form to the International Student Office (Bldg. 71) at least 90 days prior to appointment. In addition to this form, also submit a copy of the proposed invitation letter and financial documents.

Professor/Researcher/Scholar Information

Professor/Researcher/Scholar Name (as it appears on passport)		Field of academic research	M	F
			Sex	
Prospective beginning date of appointment		Prospective ending date of appointment		
Date of birth (mm/dd/yyyy)	City of birth	Country of birth	Country of Legal Residence	
Email address @		Foreign Address *(Number and street)		
City	Province or State	Country	Post Code	

*This is the address to which the DS-2019 will be mailed

Professor/Researcher/Scholar Dependent Information

Dependent 1 -Name (as it appears on passport)	Country, City, Date of Birth (mm/dd/yyyy)	Relationship
Dependent 2 - Name (as it appears on passport)	Country, City, Date of Birth (mm/dd/yyyy)	Relationship

Financial Information

The financial information listed here is the sole basis for determining whether or not the support will be adequate to maintain an acceptable standard of living for the appointee and his/her dependents. This data will appear on the DS-2019 and will be a determining factor in whether or not a visa is actually issued by a US Embassy or Consulate official. The University will be held to statements made here regarding fellowships and salaries. All amounts from all sources must be shown in US dollars. Please list the total funding for the time period indicated.

University of West Florida	Amount of funding provided
US Government Agency	Amount of funding provided
Other Organizations	Amount of funding provided
Professor/Researcher/Scholar's Personal Funds *	Amount of funding provided

*Copy of financial documentation is required.

I accept responsibility for the accuracy of the information on this form, for sponsoring the scholar at UWF, for ensuring that the scholar checks in with the International Student Office upon arrival and for reporting the scholar's termination and/or departure from the University. I will advise the scholar that he or she and his or her dependents must be covered by health insurance that meets the State of Florida requirements and that willful violation of this will result in the termination of the scholar's J-1 status.

Faculty Sponsor	Department Chair
Faculty Sponsor Signature	Department Chair Signature
Date	Date
College Dean	Provost
College Dean Signature	Provost Signature
Date	Date