

**REQUEST FOR U.S. DEPARTMENT OF STATE DS-2019 CERTIFICATE  
(J-1 VISA) FOR INTERNATIONAL RESEARCHERS OR PROFESSORS**

Please read this form carefully. The information given on this form will be used on the actual Department of State document.  
**PLEASE TYPE OR PRINT LEGIBLY. THIS FORM MUST BE SIGNED BY THE UMBC SPONSOR.**

Visitor's Name: \_\_\_\_\_  
(Family Name) (First) (Middle)

Male     Female    Marital Status:     Married     Single

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
(MM/DD/YYYY) (City) (Country)

E-mail Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Position in Home Country: \_\_\_\_\_

Employer: \_\_\_\_\_

\*Is Visitor's employer a private employer, a federal employer, or a state employer?

\_\_\_\_\_

Legal Permanent Resident of: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

Dates of Appointment at UMBC:    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    to    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_  
Month    Day    Year    Month    Day    Year

Do you plan to invite visitor back to U.S. within one year of appointment ending date?     Yes     No

Title of UMBC Appointment: \_\_\_\_\_

Department Where Visitor Will Work: \_\_\_\_\_

Please contact the Office of International Education Services if this individual will not be working on the main campus of the University of Maryland, Baltimore County.

Brief **Specific** Description of Duties: (e.g., conduct regional analysis of ecological changes)

\_\_\_\_\_

**Subject/Field Code** from **CIPP List**: \_\_\_\_\_  
(i.e., 40.0601    Geology/Earth Science, General)

Source and Amount of Financial Support: (please indicate amount per annum in U.S. dollars)

UMBC \_\_\_\_\_

U.S. Government Agency(ies) \_\_\_\_\_

Exchange Visitor's Government \_\_\_\_\_

International Organization \_\_\_\_\_

Personal Funds \_\_\_\_\_

All Other Organizations Providing Support \_\_\_\_\_

(please write names of sources and per annum amounts)

Foreign Address to which DS-2019 is to be mailed: (if different from Home Address) **AND** a daytime telephone number:

If the individual is presently in the United States, indicate current Visa Status: \_\_\_\_\_

Has the individual been in J-1 Exchange Visitor status in the category of Professor or Research Scholar during the past two years?  YES  NO

(PLEASE NOTE: There is a two year bar against repeat participation in the J-1 Research Scholar category. If the visitor's prior J-1 status was in Short Term Scholar status, please answer "no" to the above question. If the visitor's answer to the above question is "yes", an advisor will be in contact with the beneficiary to determine J-1 eligibility).

**IMPORTANT: Give the following information for all dependents accompanying the visitor during his/her visit to the United States.**

NAME: LAST, First, Middle	GENDER (Sex):	DATE, CITY, & COUNTRY OF BIRTH	COUNTRY OF CITIZENSHIP & COUNTRY OF PERMANENT RESIDENCY
1. Spouse			
2. Child			
3. Child			
4. Child			
5. Child			

Will dependents be arriving in the U.S. with the Exchange Visitor?

yes  if not, please list date they will be arriving: \_\_\_\_\_

Request Authorized By: \_\_\_\_\_

(Signature of Department Chair)

Department: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Date: \_\_\_\_\_

Please complete this form and return it with any correspondence to:

**Dr. Arlene V. Wergin, Director  
Office of International Education Services  
University of Maryland, Baltimore County  
1000 Hilltop Circle  
Administration Building, Room 225  
Baltimore, Maryland 21250**

If you have any questions when completing this form, contact our office at (410) 455-2624 or fax (410) 455-1130.