

## VISITING DELEGATION ROUTING FORM

This form is to be completed by ISU departments or offices that are hosting groups of international scholars or students for short-term programs or training at ISU. If the program participants are applying for J1 visas for this program, the information on this form will be used to complete the DS2019 that participants need to apply for a visa from a U.S. consulate or embassy.

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Name of the short-term program: \_\_\_\_\_

Beginning and end dates of the program: \_\_\_\_\_

ISU department sponsoring the program: \_\_\_\_\_

Participating institution(s) (if any): \_\_\_\_\_

Address of participating institution(s): \_\_\_\_\_

Name of program participant leader (Last, First, Middle): \_\_\_\_\_

Program Participants (please attach a list of the names, birthdates, and nationalities of all participants).

What type of visa will the participants use to enter the country (J-1, B-1, visa waiver, etc.)? (Please see "Visiting Scholar and Delegation Visa Information" Section on the CGE website for more information)

\_\_\_\_\_

Will the participants be taking a regularly scheduled course at ISU?  Yes  No

If so, what is the name of the course? \_\_\_\_\_

If not, was the program specifically designed for this delegation?  Yes  No

Name(s) of program instructors/trainers: \_\_\_\_\_

Briefly summarize the program at ISU (including purpose):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What specific support will the unit provide the participants (ie. housing, meals, transportation)?

\_\_\_\_\_  
\_\_\_\_\_

Provide detailed information on financial support for the program:

ISU (specify source of funds) \$ \_\_\_\_\_

The participating institution(s) \$ \_\_\_\_\_

Grant or scholarship funds \$ \_\_\_\_\_

Participants' personal funds \$ \_\_\_\_\_

Other organizations (list name of organization) \$ \_\_\_\_\_

**( Note: If participants are applying for J1 visas for this program, the CGE will need written confirmation from the sponsoring agency of the funding support. For personal funds, each program participant will need to submit a bank statement attesting to these funds).**

\*\*\*Signature Routing on the Next Page\*\*\*

**SIGNATURE ROUTING**

A. \_\_\_\_\_  
**Chair** **Date**

B. \_\_\_\_\_  
**Dean** **Date**

C. \_\_\_\_\_  
**Director, CGE** **Date**

D. \_\_\_\_\_  
**Provost** **Date**