

VISITING SCHOLAR APPOINTMENT FORM

The information on this form is required for the Center for Global Engagement (CGE) at Indiana State University to issue the letter of invitation and DS2019 that international visiting scholars need to apply for a visa from a U.S. consulate or embassy. Please make sure the information on this form is correct and that all the information requested is provided. **This is important** – without the requisite information, the DS2019 required for a visa cannot be completed.

Name of the Scholar: (Family/First/Middle): _____

Date of Birth (Month/Day/Year): _____ Citizenship: _____

City/Country of Birth: _____ Country of Legal Residence: _____

Institutional Affiliation in Home Country: _____ Position: _____

Category of Visitor:

- _____ Professor – The exchange visitor will participate primarily in teaching, lecturing, observing, or consulting at ISU.
- _____ Research Scholar – The exchange visitor will conduct research, observe or consult in connection with a research project
- _____ Short-term Scholar – The professor or research scholar will visit ISU for a maximum duration of four months
- _____ Trainee – The exchange visitor will participate in a structured training program conducted by ISU in specialty or non-specialty occupations

Beginning and End dates of appointment (Month/Day/Year): _____

What type of visa will the scholar use to enter the country (J-1, B-1, visa waiver, etc.)? _____

Will the scholar be accompanied by dependents (spouse, children)? If so, attach a list of the name, relationship to scholar, birth date, city and country of birth, and nationality of each dependent.

1. Summarize the scholar’s program at ISU. Specify teaching, research and other responsibilities:

2. What specific support will the unit provide the scholar (ie. financial compensation, access to office space, computer, clerical)? _____

3. Provide detailed information on financial support (if ISU is paying scholar, a completed “Form for Processing Compensation for International Visitors at ISU” will need to be submitted upon arrival. Contact The Controller’s Office for information):

| | |
|--|----------|
| The exchange visitor’s government | \$ _____ |
| The Binational Commission of the visitor’s country | \$ _____ |
| The exchange scholar’s university | \$ _____ |
| ISU (specify source of funds) | \$ _____ |
| Other organizations (list name of organization) | \$ _____ |
| Personal funds | \$ _____ |

(Note: CGE will need written confirmation from the sponsoring agency of the funding support. For personal funds, the scholar 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**