

This form should be completed by the host department (**not by visitor**), signed by the department head, and sent to the Center for International Education. If the scholar will be employed by UT (on Payroll), the form must also be signed by Human Resources before submitting to CIE. CIE will then issue a Form DS-2019 which the scholar should use to get a J-1 visa and enter the U.S. **This request form should not be used for students or trainees. Please answer all questions except those marked optional. This form must be submitted no later than two months prior to the expected start of the visit.**

## PART I - DEPARTMENT INFORMATION

1. Host Department: \_\_\_\_\_
3. Host Professor: \_\_\_\_\_
4. Phone: \_\_\_\_\_ 5. E-mail: \_\_\_\_\_
6. Other Department Contact: Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

## PART II - SCHOLAR INFORMATION (Please include a scan of the passport biographic page)

7. Name of Scholar: \_\_\_\_\_  
(as in passport) Family Name Given Name(s) (**including full middle name**) (If any)
8. Male/Female: \_\_\_\_\_ 9. Date of Birth: \_\_\_\_\_ 10. Place of Birth: \_\_\_\_\_  
Month/Day/Year City Country
11. Citizen of: \_\_\_\_\_ 12. Legal Permanent Resident of: \_\_\_\_\_  
Country Country
- If countries of citizenship and permanent residency are different, attach a copy of residency permit.**
13. Current (or most recent) employer **AND POSITION** in country of legal permanent residence: \_\_\_\_\_  
\_\_\_\_\_
14. Highest degree received (*check one*): \_\_\_\_\_ Ph.D. \_\_\_\_\_ Other  
If not Ph.D., give **date and actual name of degree, plus any additional education** (*not U.S. equivalent*)  
(example: "Maitrise, 2004, plus two years additional study") \_\_\_\_\_  
\_\_\_\_\_
15. What evidence do you have that this person has adequate English skills to function as a Visiting Scholar in your department?  
(Examples: personal conversation; recommendation letter from English teacher; TOEFL score; e-mail is usually NOT an indication of English ability)  
\_\_\_\_\_
16. **IMPORTANT (This information must be accurate)** Has this Visitor participated in a J-1 or J-2 program with any institution in the past 24 months? (Yes/No) \_\_\_\_\_ (include time spent outside the U.S. if the J program was active):  
\_\_\_\_\_
- IMPORTANT: Attach copies of all DS-2019 forms covering this period; if currently in U.S., also attach copy of current I-94**
17. Has this Visitor visited UT before? (Yes/No) \_\_\_\_\_ If yes, give most recent dates: \_\_\_\_\_ Visa used: \_\_\_\_\_
18. Will the Visitor be accompanied by spouse or children? (Yes/No) \_\_\_\_\_ How many? \_\_\_\_\_  
**(IMPORTANT: If yes, on a separate page, give name(as in passport), date of birth, gender, city and country of birth, country of citizenship, and country of legal permanent residence for each dependent)**
19. Visitor's current residential address in home country: \_\_\_\_\_  
\_\_\_\_\_
20. E-mail Address: \_\_\_\_\_ 21. Visitor's Telephone #: \_\_\_\_\_

**PART III - PROGRAM INFORMATION**

22. Description of visitor's proposed program at UT, **including area of teaching or research** : (Examples: conduct research in theoretical physics; teach courses in Italian; conduct three-day workshop in ecology; observe university administration.) **[NOTE: Remember that UT Policy does not permit anyone to take or audit classes without registering and paying. If the program includes any classes, call CIE to discuss options]**

\_\_\_\_\_

\_\_\_\_\_

23. Dates of UT program in the U.S. from \_\_\_\_\_ to \_\_\_\_\_  
Month/Day/Year Month/Day/Year

[Do not include dates for Visitor's personal travel (Visitor is permitted to arrive 30 days early and remain in U.S. for up to 30 days of travel after leaving UT without special permission; no employment or payment is permitted during this period)]

24. [Question must be fully answered] Is there any possibility that Visitor will extend program with UT beyond dates given above?

(Yes/No) \_\_\_\_\_ If yes, could the Visitor stay a total of more than six months (Yes/No) \_\_\_\_\_

More than one year? \_\_\_\_\_ More than five years? \_\_\_\_\_

Explain: \_\_\_\_\_

25. Where will Visitor be conducting research, teaching or other activity while on this program at UT?

**[List exact address (including street address and zip code) for all locations]:**

\_\_\_\_\_

26. What office or desk space will be provided for Visitor? \_\_\_\_\_

27. During this trip to the U.S., will Visitor be paid by any other U.S. institution? (Yes/No) \_\_\_\_\_

28. Will this scholar visit your department again in the two-year period following this program? (Yes/No) \_\_\_\_\_  
If answer to Questions 29 or 30 is Yes, give details on separate sheet or call the Center for International Education to discuss.

**PART IV - FUNDING INFORMATION**

29. Will this Visitor be paid by UT host department during his/her visit? (Check one or all that apply)

- \_\_\_\_\_ Visitor will not receive any payment or reimbursement from UT
- \_\_\_\_\_ Visitor will receive *honorarium* or *single payment* from host department listed in Item 1  
**Honorarium or Payment Amount:** \_\_\_\_\_  
**[Note:** UT Policy usually limits honoraria to \$5000]
- \_\_\_\_\_ Department will pay/reimburse expenses; specify and give estimate of value  
(Example: "Hotel and meals; value \$750"): \_\_\_\_\_
- \_\_\_\_\_ Visitor will be employed (on Payroll) by the department listed in Item 1  
**If Visitor will be employed, Section VIII below must also be completed and signed by HR**
- \_\_\_\_\_ Other UT funding; explain: \_\_\_\_\_

30. If any UT funds will be used to support this visitor, were these funds obtained **specifically for this visitor or specifically to support international exchange?** (Yes/No) \_\_\_\_\_ **THIS DOES NOT INCLUDE REGULAR RESEARCH FUNDS. If yes, please attach documentation, such as copy of funding agreement.**

31. Other facilities and services host department will provide for Visitor (Examples: secretarial help, rental car, etc)

\_\_\_\_\_

32. List all non-UT funding to be provided directly to this visitor during his/her visit at UT:

**IMPORTANT!!!! Please attach documentation, in English, of all funding!!!** This is normally a letter from the funding organization specifying the **source, dates** and **amount** of funding. (Do not include cost of travel to/from the U.S.) The letter must state that the funds will be available to the visitor while in the U.S. or while at UT.

SOURCE

AMOUNT

Visitor's government: \_\_\_\_\_

Other organization(s) {specify}: \_\_\_\_\_

Personal funds (only if necessary to supplement other funds; provide documentation): \_\_\_\_\_

**SECTION V - INSURANCE INFORMATION**

33. The host department acknowledges that a person in J-1 status is required by law to maintain adequate health insurance for themselves and any family members in J-2 status for the entirety of their program. Failure to do so may result in the immediate cancellation of the visit. Departments also agree to facilitate the process of enrolling individuals connected to their department in the UT group student and scholar insurance policy when that option for insurance is utilized, or help to facilitate and ensure the scholar's coverage even if that option is not utilized. (More information can be found on our website.)

\_\_\_\_\_  
Host Professor Signature

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Date

**PART VI - MAILING INSTRUCTIONS**

34. Host Professor/Department is responsible for shipping the completed DS-2019 to the J visitor. CIE strongly urges the use of a delivery service (FedEx UPS, DHL, etc.). Warning! U.S. Airmail can take one month or more to be delivered and is not as secure as private delivery services.

When the DS-2019 is ready who should be contacted? Name: \_\_\_\_\_ e-mail: \_\_\_\_\_

**SECTION VII - DEPARTMENT APPROVAL (Required for all J-1 Visitors) (Please read before signing!)**

35. **Approval by Host Professor:** I certify that this visitor will be associated with me for the duration of the dates listed in Question 25 above. I will ensure that he/she is included in the activities of this department. **If the visitor leaves early or is absent for more than 30 days, I will inform my Department Head and/or the UT Center for International Education.**

\_\_\_\_\_  
Host Professor Signature

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Date

36. **Approval by Department Head:** I will ensure that this visitor is included in the activities of this department for the period specified in Question 25 above. I also certify that this department will pay the visitor the salary or honorarium specified in Question 31 above or Question 41 below.

Will this scholar be exposed to technology, equipment, software, or information a) listed on the Commerce Control List (CCL) of the Export Administration Regulations (EAR) or b) subject to the International Traffic in Arms Regulations (ITAR) listed as a Defense Article or Technical Data on the U.S. Munitions List (USML), or otherwise designed, developed, configured, adapted or modified for military application?

\_\_\_\_\_ Yes \_\_\_\_\_ No

[If yes, explain on a separate sheet.] If you are not sure, please consult the UT Export Control Officer at 974-0232.

**IMPORTANT: I will inform the Center for International Education if the visitor is terminated from employment or leaves The University more than 30 days earlier than the dates given above or if the visitor is absent for more than 30 days.**

\_\_\_\_\_  
Department Head Signature

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Date

**PART VIII - HUMAN RESOURCE APPROVAL - ONLY FOR VISITORS WHO WILL BE UT EMPLOYEES**

If this visitor will be on UT Payroll (as indicated in Question 31 above), Section VIII must be completed by host department and signed by a representative of UT Human Resources **before form is submitted to CIE**. Obtain Department Head signature above before submitting to Human Resources. Section VIII does not need to be completed for non-employees.

37. Job Title: \_\_\_\_\_ 38. Position Number: \_\_\_\_\_

39. Salary: \_\_\_\_\_ per month 40. Hours/week: \_\_\_\_\_ 41. Check one: \_\_\_\_\_ Term \_\_\_\_\_ Regular

42. Current dates of proposed employment: From: \_\_\_\_\_ To: \_\_\_\_\_  
Month/Day/Year Month/Day/Year

I certify that ALL approvals have been given for employment of this person in this position.

\_\_\_\_\_  
(Human Resources) Signature

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Date