

**REQUEST FOR EXCHANGE VISITOR CERTIFICATE (DS-2019)**  
**TO BE COMPLETED BY MSU DEPARTMENT**

*Information for Each Item Is Required Prior to Issuance of form DS-2019*  
*Please Print Legibly or Type*

**Exchange Visitor Information**

1. Name (Family/First/Middle):
2. Gender (circle one): Male Female
3. Birth Date (Month/Day/Year):  
Place of Birth (City and Country):
4. Country of Citizenship:  
Country of Legal Permanent Residence:
5. Position in Home Country:  
Title or Activity:  
Institution or Company:
6. Is the Exchange Visitor presently in the U.S.? (Circle one) Yes No
7. Exchange Visitor's present mailing address:
8. Exchange Visitor's permanent overseas address:

List on separate sheet the name, birth date, birthplace, citizenship, gender, and relationship of each dependent who will accompany the exchange visitor.

**Program Activity Information**

1. Department Making Request: Mail Stop:
  - (a) Exchange Visitor's Immediate Supervisor:  
Phone:  
E-mail Address:
  - (b) Departmental Contact Person:  
Phone:  
E-mail Address:
  - (c) Person Preparing this Request:  
Phone:  
E-mail Address:

2. Description of Activity Exchange Visitor will undertake:

3. Exchange Visitor's MSU Position (circle one):

- Research Scholar
- Visiting Professor
- Specialist (1 year limitation)
- Short-Term Scholar (6 months or less)

4. Anticipated Program Beginning Date:  
Anticipated Program Ending Date:

Attach biographical data for the prospective exchange visitor as appropriate to document eligibility for the program (resume, diplomas, employment certification, transcripts, etc.)

### **English Language Proficiency**

Please indicate your knowledge of the Exchange Visitor's English language ability. Provide English test scores if available.

### **Financial Information**

1. If exchange visitor will be an MSU employee, provide the source of MSU funds and the employment offer letter.

Annual salary (or total if for less than 12 months):

2. If not an MSU employee, how will exchange visitor be funded?

Written confirmation of non-MSU funds is required in English and U.S currency.  
(Please attach documentation to this form.)

3. For what period are funds guaranteed?

From:  
To:

## **Health Insurance Requirement**

1. How will the insurance requirement be fulfilled for the Exchange Visitor and J-2 dependents?
2. Will this Exchange Visitor be an MSU employee entitled to insurance benefits?

## **Previous Exchange Visitor Status**

Has applicant ever been an Exchange Visitor in J-1 status to the United States in the past?

If YES, please attach copies of all previous IAP-66 or DS-2019 documents (if no document copies are available, please attach an explanation for their absence and provide details about the dates of previous programs and identify the institution that provided the documents for visa and entry).

## **Signatures**

Name of Department Representative:  
(Please Print):

Signature of Department Representative and Date:

Signature of Department Head and Date:

## **Please Return To:**

Carol B. Walker, Responsible Officer  
International Services Office  
Box 9742; 15 Morgan Ave.  
Mississippi State, MS 39762

Phone: (662) 325-8929  
FAX: (662) 325-8583

***When the Exchange Visitor arrives on campus, please set an appointment and bring him/her to the International Services Office, 15 Morgan Avenue, so that we may process arrival documents and provide a brief orientation.***

*When the visitor is ready to depart, please have him/her report to our office so that we can close the file properly with INS and Department of State.*