

**Office of International Education (OIE)**  
**Miami University, Oxford, Ohio 45056**

**Request for Temporary Appointment for International Scholar as an Exchange Visitor (J-1)**

I request that the Form DS-2019 be prepared for the person described below who is to be offered an appointment as a visiting scholar or staff under the sponsorship of Miami University's Exchange Visitor Program. Send completed form and all supporting documentation to Celia Ellison in Academic Personnel (529-7268). After the appointment letter is complete, then the information will go to Molly Heidemann, (OIE – [mheidemann@muohio.edu](mailto:mheidemann@muohio.edu), 529-2512) and she will issue the DS-2019.

Name of Exchange Visitor \_\_\_\_\_ **Male** **Female**  
(family name) (first name) (middle name) (circle one)

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Country of Citizenship \_\_\_\_\_  
(month-day-year) (city) (country)

Country of Legal Permanent Residence \_\_\_\_\_ Position/Occupation in home country \_\_\_\_\_

Name of Employer or University in home country \_\_\_\_\_

Has this person held J-1/J-2 status in the past? \_\_\_ Yes \_\_\_ No If yes, \_\_\_\_\_  
(At Miami *or* elsewhere in the US) (category – professor, researcher, (dates)  
short-term, student, dependent)

Will any Miami faculty go to this person's country as part of a reciprocal exchange activity? \_\_\_ Yes \_\_\_ No

Address (to mail DS-2019): \_\_\_\_\_

Department account number for Fed Exing documents: \_\_\_\_\_

Exchange Visitor's phone number (for Fed Ex form): \_\_\_\_\_

Dates of Appointment at Miami to Begin: \_\_\_\_\_ End: \_\_\_\_\_

**Exchange Visitor's title at Miami, the academic department offering the appointment, and a brief description of the program or duties to be performed (researcher, professor, etc.), including his/her area of specialization:**

**Source and amount of the Exchange Visitor's financial support in U.S. dollars:**

From Miami University..... Amount \$ \_\_\_\_\_

Funding from one or more U.S. Government Agencies..... Amount \$ \_\_\_\_\_  
Name Agency(ies): \_\_\_\_\_

From other sources (specify)..... Amount \$ \_\_\_\_\_

From personal funds..... Amount \$ \_\_\_\_\_

If the Exchange Visitor is to be accompanied by dependents, please complete the "Request for DS-2019 for Dependents." If the Exchange Visitor is already in the U.S., indicate on a separate sheet his/her present visa status, sponsor, occupation, and date of original entry into the U.S. This information is essential to determine eligibility for extension of stay and/or transfer to our Exchange Visitor Program. (Please attach photocopies of current visa documentation.)

Signature of Department Chair: \_\_\_\_\_

Dean's Signature: \_\_\_\_\_

Dept. Chair's Name (print) \_\_\_\_\_

Department \_\_\_\_\_

Provost's signature \_\_\_\_\_

Visitor's Faculty Supervisor – Name, Phone # & email: \_\_\_\_\_

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