



Office of Foreign Students and Scholars

VISA REQUEST FORM FOR VISITING SCHOLARS

DIRECTIONS: All sections of this form must be completed by the department, NOT Visiting Scholars, and must be accompanied by an offer letter stating the specific terms of the appointment. The letter must include salary, dates of the appointment, and any other information relative to the situation. **Visa forms will not be processed without an offer letter.**

SECTION 1: PERSONAL INFORMATION

Family/Last Name: _____

Given/First Name: _____ Middle Name: _____

Sex: Male Female Date of Birth: _____
(mm / dd / yyyy)

City and Country of Birth: _____ Citizenship: _____

Mailing Address: _____

Legal Permanent Address: _____

Telephone number: _____ Fax Number: _____

Email Address: _____

Current Occupation in Home Country: _____
(If Student, please specify Graduate or Undergraduate)

Job Title: Government Civilian
 Central
 Regional
 Local

Job Responsibilities: _____

Name and Address of Home Employer: _____

Will the scholar be visiting at any other institution(s) before or after their visit to UD? Yes No
If yes, please explain _____

SECTION 2: VISA HISTORY

Has the Visiting Scholar previously been in U.S.: Yes No U.S Social Security Number (if known): _____

If yes, please specify all dates: (please attach sheets if more space is required)
From _____ To _____
From _____ To _____
From _____ To _____

.. Section 2 continued on next page



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... Section 2 cont.

Type of Visa Held _____

If other than W/B, B-1, W/T, B-2, who sponsored visa? _____

(If Visiting Scholar was previously in U.S. on J1/J2 visa, please attach all copies of previous IAP-66/DS-2019 forms. If not available, please attach a letter from the Visiting Scholar stating information on category and dates of previous visits.)

SECTION 3: PROJECT INFORMATION

Department: _____

Faculty Member or Supervisor: _____

Telephone number: _____ Fax Number: _____

Email Address: _____

Project type: Public domain
 Classified
 Other , please specify _____

Category of Visiting Scholar: Student * Research Scholar (5 years limit.)
 * Short-Term Scholar (6 months limit. No extension) * Specialist (1 year limit. No extension.)
 **Professor (5 years limit.)

* Project title: _____

** Class being taught _____

Is this position a tenure track position? Yes No

If so, would this individual be considered for the position? Yes No

Visiting Scholar's dates of appointment From _____ To _____

Visiting Scholar's primary responsibility Research Teaching
 Other (Please specify) _____



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SECTION 4: FUNDING INFORMATION

During the period covered by this form, it is estimated that the following financial support will be provided to this Visiting Scholar by (a minimum of \$10,000 per year is required, plus \$3,000 for each dependent):

A) University of Delaware \$ _____

If UD has received funding to support this visitor from U.S Government Agency (such as NSF, FDA, or NIH) or International Agency (such as NATO), list agency, and indicate \$ amount received from each agency.

Agency _____ \$ _____

Agency _____ \$ _____

Agency _____ \$ _____

Will the Visiting Scholar be the principal investigator on this project? Yes No

B) U.S Government \$ _____

Agency _____ \$ _____

C) Visitor's Government \$ _____

D) Personal Funds (Bank Statement needed) \$ _____

E) All other organizations \$ _____

Agency _____ \$ _____

Any additional information: _____

SECTION 5: DEPENDENT INFORMATION

If spouse and/or children will accompany the Visiting Scholar, please give the following information on each additional person:

Name (Last, First, Middle)	Relationship (spouse, son, daughter)	Date of Birth (mm/dd/yyyy)	City and Country of Birth	Citizenship



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SECTION 6: AUTHORIZATION

Name of person completing form: _____

Signature: _____ Date: _____

Approval/ Department Chairperson: _____

CHECKLIST: The complete request packet should include all the following:

- Visa Request Form for Visiting Scholar
- Visa information on previous visits (all copies of previous IAP-66 forms or letter from Visiting Scholar)
- Offer letter (with terms of appointment)
- Proof of funding (if not from UD)

MAILING INSTRUCTIONS:

- Regular Airmail
- Express Mail (completed international air bill must be attached)
- Pick up (Name: _____ Telephone number: _____)

Please return the complete request packet to:

Office of Foreign Students and Scholars
Student Services Building
30 Lovett Avenue
Newark, DE 19716-6410

Tel: (302) 831-2115
Fax: (302) 831-2123
Email: foreignservices@udel.edu