



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

(Please write your name exactly how it appears on the scholar's passport)

Family/Last Name:

Given/First Name:

Middle Name:

Sex: Male Female

Date of Birth:
Month Day Year
 (mm/dd/yyyy)

City and Country
of Birth:

Citizenship:

Mailing Address
with Postal Code:

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

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SECTION 2: VISA HISTORY

Has the Visiting Scholar Yes No
 previously been in U.S:

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

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 Gov't Restricted Access
 Classified Non-Gov't Restricted Access
 Other , please specify _____

Category of Visiting Scholar: * Short-Term Scholar (6 months limit. No extension) * Research Scholar (5 years limit.)
 * 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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UD INTERNATIONAL SERVICE FEE:

Please check if the Department or the Visiting Scholar will pay the \$100 fee.

(If the Department, please attach a Department Fee Payment Form with the packet. If the scholar will pay, please remind them to bring \$100 cash or money order when they check-in with our office)

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: \$

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 \$

\$

Any additional information:

HR & PAYROLL ONBOARDING:

Will the Visiting Scholar need to be in the Payroll System?

****Please note that *only on-boarded* scholars are *permitted to obtain a UDID card* for access to University facilities. Scholars who may need to use the Library or other facilities on campus should be on-boarded even if they are not being paid****

Yes (a checklist will be included in the DS-2019 packet explaining how the scholar can begin the onboarding process from abroad, including obtaining a UD ID number and PIN online)

No (a UD ID number and Temp SSN (if needed) will be created by OISS. **The scholar will not be able to obtain an ID card unless they complete the onboarding process upon arrival.**)

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SECTION 5: DEPENDENT INFORMATION

Please attach a copy of each dependent's passport

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

SECTION 6: AUTHORIZATION

Name of the person completing form: _____ Email: _____

Phone: _____ 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 DS-2019 forms or letter from Visiting Scholar)
- Offer letter (with terms of appointment)
- Proof of funding (if not from UD)
- Authorization for Department Fee Payment Form (If Dept. is paying the \$100 UD International Service Fee)

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 for International Students and Scholars
 413 Academy Street
 Newark, DE 19716-6410

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

(Revised Aug 2013)