WCU
WEST CHESTER UNIVERSITY

DS-2019 REQUEST FORM

Please print in UPPERCASE BLOCK letters. Complete all requested information.

Biographical Information

1. Name: _____   _____   _____
                    Family Name   First Name   Middle Name

2. Date of Birth: Month _____Day _____Year _____

3. Gender: ____Male   ____Female

4. Permanent Address in Home Country:

   _____

   _____

   _____   _____   _____
     City   Country   Postal Code

5. Email: _____

6. Telephone: _____

7. Fax: _____

8. Highest Education Degree Earned:
   ___Bachelors   ___ Masters   ___Doctoral

9. City of Birth: _____

10. Country of Birth: _____

11. Country of Citizenship: _____

12. Legal Permanent Residence: _____

Program Information

13. Category for which you are applying:
    ___Research Scholar
    ___Short-Term Scholar (6 months or less)
    ___Visiting Professor- Primary focus is teaching

14. Have you ever previously been sponsored on a J-1 Visa
    as a Research Scholar or Visiting Professor?

    _____No
    _____Yes -List dates of previous J-1 program: Start: _____ End: _____

15. Occupation/Position in Home Country: _____

16. WCU Academic Department sponsoring your visit: _____

17. Name of contact in WCU Academic Department: _____

18. Subject/Field of research while at WCU: _____

    Brief description of activities: _____

    _____

Dependent Information

If the participant will be accompanied by family, please provide the following details for each accompanying family member. If additional spaces are needed, please attach additional copies of the last page.

1. Name: _____
   Family Name   _____   _____
                                                    First Name   Middle Name

2. Date of Birth: Month __ __ Day __ __ Year __ __ __ __   3. Gender: ____Male   ____Female

4. City of Birth: _____   5. Country of Birth: _____

6. Country of Citizenship: _____   7. Legal Permanent Residence: _____

Dependent #1   **SPOUSE**   or   **CHILD/DEPENDENT**

1. Name: _____
   Family Name   _____   _____
                                                    First Name   Middle Name

2. Date of Birth: Month __ __ Day __ __ Year __ __ __ __   3. Gender: ____Male   ____Female

4. City of Birth: _____   5. Country of Birth: _____

6. Country of Citizenship: _____   7. Legal Permanent Residence: _____

Dependent #2   **SPOUSE**   or   **CHILD/DEPENDENT**

1. Name: _____
   Family Name   _____   _____
                                                    First Name   Middle Name

2. Date of Birth: Month __ __ Day __ __ Year __ __ __ __   3. Gender: ____Male   ____Female

4. City of Birth: _____   5. Country of Birth: _____

6. Country of Citizenship: _____   7. Legal Permanent Residence: _____

Dependent #3   **SPOUSE**   or   **CHILD/DEPENDENT**

1. Name: _____
   Family Name   _____   _____
                                                    First Name   Middle Name

2. Date of Birth: Month __ __ Day __ __ Year __ __ __ __   3. Gender: ____Male   ____Female

4. City of Birth: _____   5. Country of Birth: _____

6. Country of Citizenship: _____   7. Legal Permanent Residence: _____