CALIFORNIA STATE UNIVERSITY, LONG BEACH
Center for International Education
REQUEST FOR ISSUANCE OF CERTIFICATE OF ELIGIBILITY (DS-2019) FOR EXCHANGE (J-1) VISITORS STATUS

A form DS-2019 is the U.S. State Department form, issued by the University through the Center for International Education, to bring to the U.S. such limited term individuals as visiting professors or scholars and researchers, consultants, or other temporary international visitors coming to the campus to make educational presentations, or to participate in University, departmental or academic activities. **This form is to be used by University College and Extension Services (UCES) only.**

The CSULB DEPARTMENT requesting DS-2019 must furnish the Center for International Education with the following information before they can issue the DS-2019.

This form must be completed by the CSULB department, not the exchange visitor. (Please type or print. Return this form to B. Nowlin, FND 332 and allow ten working days for processing.)

Name:_____ ( ) Male
Last First Middle ( ) Female

Home Address:_____

Born:_____ in _____, _____
Mo/ Day / Yr City Country

A Citizen of:_____

Position or Occupation in home country: (describe in detail- give employer's name):

_____

DESCRIPTION OF ACTIVITIES TO BE ENGAGED IN AT CSULB:

Title of Position:_____

Period of Special Program: (Dates) Beginning_____Ending_____

Brief Description of Program:_____

FINANCIAL SPONSORSHIP: Attach authorized letter or Affidavit of Financial Support. (Indicate exact amount and source of all funding for participant.)

1. CSULB-Foundation $_____ (Dept.) _____
2. Private Agency/U/S/ Govt.$_____ Name of Agency: _____
3. Exchange Visitor government $_____ Address: _____
   Phone: (___)_____
   Contact person:_____
4. Personal $_____

IF THIS REQUEST IS TO ALSO INCLUDE DEPENDENTS (WIFE, HUSBAND, CHILDREN) PLEASE PROVIDE THE FOLLOWING INFORMATION:

Name: _____ Relationship:_____

Born: _____ in _____, _____
Mo/Day/Yr City Country

Nationality: _____ Passport Number _____

FACULTY REQUESTING ISSUANCE OF THIS CERTIFICATE OF ELIGIBLITIY:

Name:_____ Signature:_____

Department:_____ Date of Request:_____

Campus Phone:_____

Departmant Chairman's Signature:_____ Date:_____

Dean of College's Signature:_____ Date:_____

*Please attach all supporting documentation (i.e. Statement of Objective, Financial Support, CV or Resume, Reference letters) and forward to Director B. Nowlin, FND-332.