

REQUEST FOR VISITING STUDENT

Personal Information

Mr. Ms. NYU I.D. Number _____

Name exactly as it appears on passport:

Name _____
Family First Middle

Place of birth _____
City Country

Country of citizenship _____ Country of permanent legal residence _____

Address in home country or country of residence

Occupation or position in country of legal permanent residence, i.e. graduate student, researcher

Will the student bring dependents? _____ yes _____ no

If yes, include name as it appears on passport, date and city and country of birth, country of citizenship and relationship to student

Funding Information:

The student must have financial resources adequate to provide for all expenses in the United States. These expenses include tuition, fees, required health insurance and living expenses estimated at \$2000 per month. A J-1 participant must receive substantial funding from an organization or institution, and may not be supported solely on personal funds. Supporting financial documents must be attached to this application.

Sources of financial support for the Exchange Visitor (please check):

Tuition: _____ Waived _____ NYU Funding _____ Personal Funds _____ Other (specify): _____

Living Expenses: _____ NYU Funding _____ Personal Funds _____ Other (specify): _____

Sponsoring faculty member name: _____ Department: _____

If OISS has questions about this application, contact:

Name _____ Title _____

Telephone: _____ Email _____

Period of time student will attend NYU: Start date _____ Departure date _____

When DS-2019 is completed, call for pick up (name and extension): _____

Send completed application to OISS, 561 LaGuardia Place, NY NY 10012. Fax (212) 995 4115