

Weber State University

Visiting Scholar Initiation Form

To be completed by Sponsoring Department

The International Student & Scholar Center (ISSC) is authorized to issue the DS-2019 for visiting scholars under U.S. Department of State regulations. All documents must be in English and original.

Required Documents (Submit with this form)

- Completed DS-2019 application (by scholar)
- Invitation letter (from department)
- Scholar's CV
- Passport copy
- Financial documentation (if self-funded)
- English proficiency documentation

I. Sponsoring Faculty Information

Name:	
Department:	
Email:	
Phone Extension:	

DS-2019 Dates (MM/DD/YYYY): From _____ To _____

II. Scholar Information

Full Name (Last, First):	
Gender (<input type="checkbox"/> Male <input type="checkbox"/> Female):	
Educational Degree:	
Birthdate (MM/DD/YYYY):	
Email:	
Citizenship:	
Legal Residence:	

Permanent Home Address:

III. English Proficiency (Select One)

- ☐ Interview by sponsoring faculty (attach form)

- ☐ From English-speaking country where English is also language of instruction
- ☐ Certified by academic institution or English language school (attach form)

IV. Proposed Activities

Research/Teaching/Other Activities:

V. Funding Source

Will WSU compensate the scholar?

- ☐ Yes → Amount: \$ _____
- ☐ No → Funding source: _____

VI. Social Security Number

A Social Security Number is required to receive any payment. Scholars must apply after U.S. arrival; processing may take 6–8 weeks.

VII. Health Insurance (Select One)

- ☐ WSU International Scholar Insurance Plan
- ☐ Home institution coverage
- ☐ Department-provided insurance

Note: Insurance must meet U.S. Department of State requirements:

- \$100,000 medical per illness/accident
- \$25,000 repatriation
- \$50,000 medical evacuation
- Deductible ≤ \$500

Proof of insurance must be submitted within 3 days of arrival. Department is responsible for ensuring compliance and cost coverage if proof is not submitted.

Signatures

Host Faculty Name: _____

Signature: _____ Date: _____

Department Head/Dean Name: _____

Signature: _____ Date: _____