



## FUNDING

It is essential that we have complete and accurate information regarding the source and exact amount of the applicant's financial support. The US Citizenship and Immigration Service (USCIS) and the Department of State require this information. It will also appear on the DS-2019. The University may be held liable for statements regarding Vanderbilt salaries and benefits. This information is kept strictly confidential. **If the applicant will be supported wholly or in part by non-Vanderbilt funds, original documentation of the source and amount of support must be attached.**

**Note:** A per annum minimum of \$14,400 for the EV, \$7,200 for the spouse, and \$3,600 per child is required for issuance of a DS-2019.

		Annual	Per Period
Vanderbilt University, including grants	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
If the Vanderbilt grant was specifically designed for the promotion of international education, check here: <input type="checkbox"/>			
U.S. Government Agency _____ (excluding Vanderbilt grants)      Name of agency	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
International Agency _____ Name of agency	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Home Government of Exchange Visitor	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify) _____ Name of organization	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Personal Funds	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>

Will the EV receive Vanderbilt's faculty/staff health insurance benefits?       Yes       No

**Note:** All Exchange Visitors are required to maintain adequate health insurance coverage for themselves and their dependent(s) residing in the U.S. Detailed information is provided in writing by ISSS and discussed during orientation. Willful violation results in program termination.

## APPROVAL

Immediate Supervisor

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

Departmental Division \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Department Chair

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

Department \_\_\_\_\_

\_\_\_\_\_ By initialing here, the Department Chair agrees that the proposed start and end dates on page 1 are acceptable, although potentially different from the period approved on official appointment letter.

Administrative Contact

Print Name \_\_\_\_\_

Date \_\_\_\_\_

Address (physical building and address, not PO Box) \_\_\_\_\_

(VUMC must include Zip+4)

Phone \_\_\_\_\_

Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Notify me when the DS-2019 is available for me to pick-up

Send DS-2019 via campus mail

**Note:** Please notify ISSS if scholar is unable to arrive by the original start date.

**Note:** J-1 Scholar must check-in with ISSS immediately upon arrival. J-1 Scholar orientation is every Thursday at 1:00pm in ISSS.