



**ST. JOHN'S
UNIVERSITY**

8000 UTOPIA PARKWAY
QUEENS, NY 11439

Office of Global Programs

Email: ISS@stjohns.edu

REQUEST TO HOST VISITING SCHOLAR

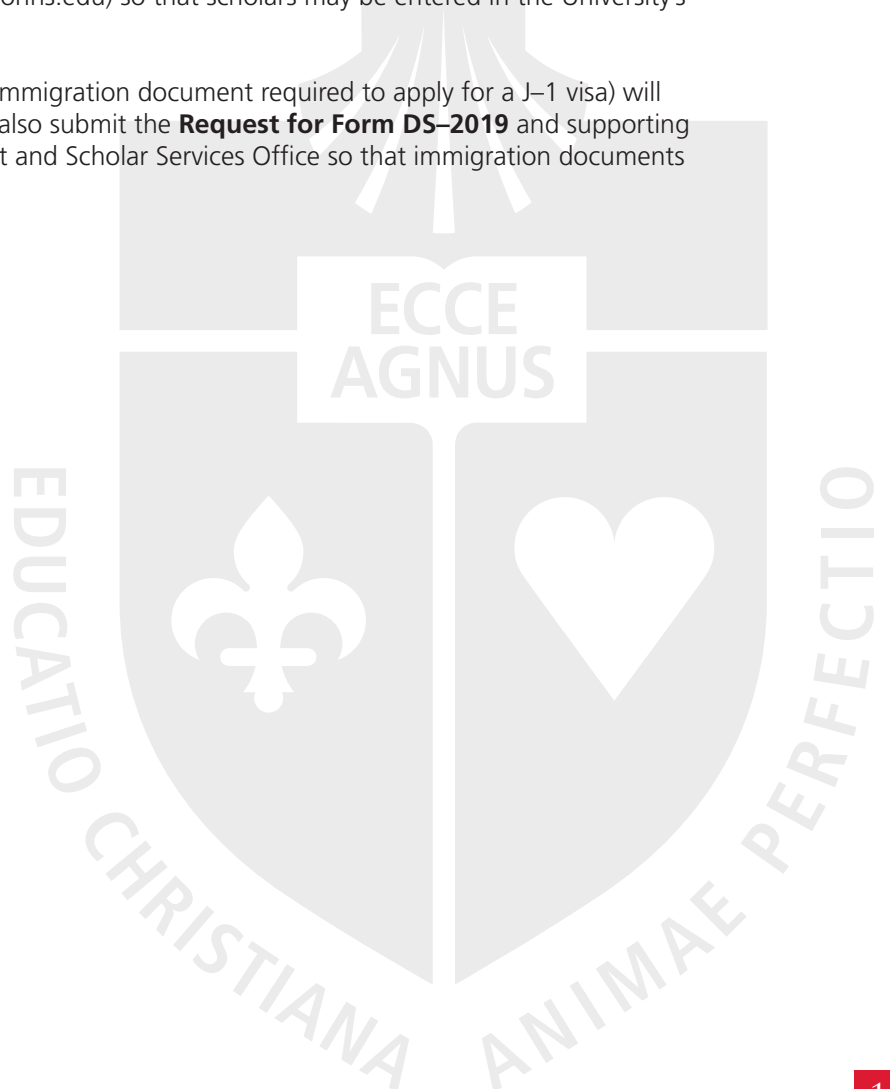
This form should be completed by the visiting scholar in close collaboration with the St. John's University department sponsoring an international professor, research scholar, or specialist on a J-1 visa.

INSTRUCTIONS

All requests to host an international visiting scholar require this form to be completed by the sponsoring faculty member, in conjunction with the proposed scholar. Once all institutional approvals are obtained, sponsoring faculty should retain this approval for their records.

In addition, a copy of the completed form with all authorizations must be forwarded to the International Student and Scholar Services Office (iss@stjohns.edu) so that scholars may be entered in the University's system.

Visiting scholars whose DS-2019 (i.e., the immigration document required to apply for a J-1 visa) will be sponsored by St. John's University must also submit the **Request for Form DS-2019** and supporting documentation to the International Student and Scholar Services Office so that immigration documents can be processed.





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APPLICATION FORM

SECTION 1: SCHOLAR INFORMATION

Please print your name as it appears on your passport.

1. NAME: _____

*last**first**middle*
2. GENDER: ☐ MALE ☐ FEMALE
3. BIRTH DATE: _____

month/date/year
4. EMAIL ADDRESS: _____
5. PHONE #: _____
6. POSITION IN HOME COUNTRY: _____
7. EMPLOYER: _____

name of organization or university

SECTION 2: ST. JOHN'S UNIVERSITY PROGRAM INFORMATION

1. PRIMARY CATEGORY/AREA OF RESPONSIBILITY OF VISITOR:

- ☐ **PROFESSOR:** an individual primarily teaching, lecturing, observing, or consulting
- ☐ **RESEARCH SCHOLAR:** an individual primarily conducting research, observing, or consulting in connection with a research project for a research or educational institution
- ☐ **SPECIALIST:** an individual who is an expert in a field of specialized knowledge or skill observing, consulting, or demonstrating special skills

2. DESCRIPTION OF VISITOR'S RESEARCH, TEACHING, OBSERVING, CONSULTING, OR DEMONSTRATING (be as specific as possible):

3. PERIOD THE VISITOR IS TO BE SPONSORED BY ST. JOHN'S UNIVERSITY:

Start: _____ End: _____

*month/date/year**month/date/year*



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SECTION 3: SPONSORING DEPARTMENT AT ST. JOHN'S UNIVERSITY

THIS PART NEEDS TO BE SIGNED BY ST. JOHN'S UNIVERSITY EMPLOYEES. DO NOT HAVE YOUR HOME COUNTRY UNIVERSITY COMPLETE THIS SECTION.

1. Sponsoring Faculty Member

NAME: _____

SIGNATURE: _____

TITLE: _____

DEPARTMENT: _____

PHONE/EMAIL: _____

DATE: _____

2. Department Chair or Director Approval

NAME: _____

SIGNATURE: _____

TITLE: _____

DEPARTMENT: _____

PHONE/EMAIL: _____

DATE: _____

3. Dean's Approval

NAME: _____

SIGNATURE: _____

TITLE: _____

DEPARTMENT: _____

PHONE/EMAIL: _____

DATE: _____

SECTION 4: SIGNATURE

I certify that all of the information provided is correct, and I understand that it is my obligation to report any changes in my personal information and/or research activities to the University.

Scholar Signature: _____ Date: _____