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Part I. Information about UA Host Department

Host Department					
Host Supervisor's name		Title			
Department Contact Name		Title			
Phone	(330)	Email	@uakronedu	Zip +4	

Part II. Purpose

This f

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Congratulations on being invited to the Exchange Visitor program at the University of Akron. We are looking forward to your arrival. To ensure that your application is processed quickly, we have provided a checklist for all the items you need to submit in order to receive your DS-2019

DS2019 APPLICATION CHECKLIST

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Copies of previous DS-2019 ~ ••, if any

Copy of biographic page of Exchange Visitor's passport

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PLEASE SUBMIT d , ^ D d Z / > ^ TO YOUR HOST DEPARTMENT

Part I. Information about the Exchange Visitor

Name	(Family)	(First)	(Middle)
Gender	M		

Part IV. Funding Information

During the period of appointment, financial support for this visitor will be provided by one or more of the following. Funding in US.DOLLARS (USD) should be entered as a total for the entire period of stay, not "\$500/month."

- ... The University of Akron: \$ _____
- ... U.S. Government Agency(ies): \$ _____
Name of agency(ies) _____
- ... The Exchange Visitor's Government: _____
- ... International Organization(s): \$ _____
Name of organization(s) _____
- ... Other Organization(s): \$ _____
Name of organization(s) _____
- ... Personal Funds: \$ _____

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Part V. Insurance Statement

Please read and sign the following statement:

I understand that during my period of appointment at The University of Akron as a J-1 Exchange Visitor I will comply with the Department of State (DOS) regulations and I understand that I am responsible for obtaining health insurance for myself and, if applicable, my accompanying dependent(s) (spouse and children) throughout the duration of my appointment. I understand that I am responsible for obtaining health insurance for myself and, if applicable, my accompanying dependent(s) (spouse and children) throughout the duration of my appointment. I understand that I am responsible for obtaining health insurance for myself and, if applicable, my accompanying dependent(s) (spouse and children) throughout the duration of my appointment.

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Exchange Visitor's Signature		Date	
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