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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

## ENGLISH LANGUAGE PROFICIENCY VERIFICATION FORM

In order to participate successfully in the program and to function on a day-to-day basis, a J-1 Exchange Visitor must have sufficient proficiency in the English language which must be "determined by an objective measurement of English language proficiency" [22 CFR 62.1 (a)(2)].

7 K HQ W H U Q & M V Q L V B E D T O S F R O O RDZ "bilingualative measurements of English language proficiency":

- 6 F R W H S R U R D P Q Q J O D V D I Q J X D H L M W W X Z H L Q V K W H Q D W Q G L F W W R Q D R P Z L Q Q J P X P R U H , (/ 7 6 R U 7 2 (;)dr
  - Signed documentation from an academic institution in an English-speaking country or a school Z L W K D Q D F F U H G L W H G (6 / S U R J U D P R U
  - ' R F X P H Q W H G L C o n f i d e n t i a l Y L Q Z Q J O b y k t least two professors from t K H 8 \$ K R V G H S D U W E R H Y L G H R F R Q I H U H Q F L Q J R U E \ S K R Q H L I Y L G H R F R Q I H 6 B K R Q D Q J , Q W Q B R Y W L D

In order to be in compliance with these provisions, the KRG department requesting the form DS-2019 from the , QW H U Q D W L R & M B F M L X S W R K U H W L Q J G R F v i P H O E W d S W D language proficiency.

J-1 Exchange Visitor's Supervisor D W 8 \$:

3 U L Q W H G 1 D P H

### Signature

Date

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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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& financial document, if funded by source other than USAID attach English version of the document.

Copies of previous DS-209 ~ • •, if any

Copy of biographic ~ %o 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 must comply with the Department of State (DOS) regulations. I also understand that I must have health insurance for myself and, if applicable, my accompanying dependents (spouse and children) throughout the duration of my stay. I further understand that failure to comply with this requirement will result in termination from the Exchange Visitor Program at The University of Akron.

Exchange Visitor's Signature		Date
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