

**APPLICATION FOR EXCHANGE VISITOR DEPENDENTS  
(FORM DS2019)**

January 2008

**1. Please complete the following information for the person inviting dependents to Ohio University.**

First name:	
Middle name:	
Last name:	
Date of birth (dd MON yy):	
Gender:	Female                      Male
City and country of birth:	
Country of citizenship:	
Country of legal permanent residence:	
Permanent address outside the US:	

**2. Sponsoring department information**

Department:	
OU faculty/staff member hosting visitor:	
Host e-mail address and telephone number:	
Department contact if different from above:	
Department e-mail address and telephone number:	



**OHIO**  
UNIVERSITY

**Office of International Affairs**  
International Student and Faculty Services  
348 Baker University Center, 1 Park Place, Athens OH 45701  
T: 740.593.4330 F: 740.593.4328 <http://www.ohio.edu/isfs>

### 3. Financial information

**EXPENSES:** Please use the information below to calculate the Exchange Visitor's estimated expenses. The funding must be at least equal to the total estimated expenses.

Estimated expenses:

- |  |                     |
|--|---------------------|
| a. Living expenses for Exchange Visitor                          | \$3,412 per quarter |
| b. Health insurance for Exchange Visitor <sup>1</sup>            | \$306 per quarter   |
| c. Expenses for dependent spouse                                 | \$1,000 per quarter |
| d. Health insurance for dependent spouse <sup>1</sup>            | \$678 per quarter   |
| e. Expenses for dependent child (per child)                      | \$500 per quarter   |
| f. Health insurance for dependent child or children <sup>1</sup> | \$388 per quarter   |

Total estimated expenses: \_\_\_\_\_

**FUNDING:** Government funds made available for a specific research purposes and not for the support of an Exchange Visitor should be designated as Ohio University funds. These funds should be indicated on this form to be from the program sponsor.

During the period of appointment, financial support for the Exchange Visitor will be provided by the following (indicate as many as applicable, include amount):

- |   |          |
|---|----------|
| ( ) The Program Sponsor (Ohio University)                                   | \$ _____ |
| ( ) U.S. Gov't Agency (ies) <sup>2</sup>                                    | \$ _____ |
| ( ) International Organization(s) <sup>2</sup>                              | \$ _____ |
| ( ) Exchange Visitor's Government <sup>2</sup>                              | \$ _____ |
| ( ) Bi-national Commission of Exchange <sup>2</sup><br>Visitor's Government | \$ _____ |
| ( ) All other organizations providing support <sup>2</sup>                  | \$ _____ |
| ( ) Personal funds <sup>3</sup>   | \$ _____ |
| <b>TOTAL</b>  | \$ _____ |

<sup>1</sup> Required if not eligible for OU employee insurance

<sup>2</sup> Please attach documentation/letters from all government/agency/organization sponsors.

<sup>3</sup> Please attach copies of the Exchange Visitor's financial documents.



**Attachment: Accompanying Dependents**

Please provide the following information for each accompanying dependent (spouse or children under 21). Attach additional copies if needed.

First name:	Last Name:	Date of birth (dd MON yy):	Gender:
Relationship to visitor (spouse or child):	City and country of birth:	Country of citizenship:	Country of residence:

First name:	Last Name:	Date of birth (dd MON yy):	Gender:
Relationship to visitor (spouse or child):	City and country of birth:	Country of citizenship:	Country of residence:

First name:	Last Name:	Date of birth (dd MON yy):	Gender:
Relationship to visitor (spouse or child):	City and country of birth:	Country of citizenship:	Country of residence:

First name:	Last Name:	Date of birth (dd MON yy):	Gender:
Relationship to visitor (spouse or child):	City and country of birth:	Country of citizenship:	Country of residence:

