

FINANCIAL SUPPORT INFORMATION

Check applicable sources. SEE PAGE 1 FOR J-1 MINIMUM FUNDING REQUIREMENTS

Thomas Jefferson University _____ U.S. \$ _____
 If visitor's salary will be paid by Jefferson grant funds, please specify name. e.g. NIH, NCI, etc.—ATTACH COPY OF PAR

**For funding from any of the sources below,
 ORIGINAL financial documentation in English and converted into U.S. dollars is REQUIRED.**

*U.S. Government _____ U.S. \$ _____
 *Name of U.S. Government agency—ONLY if funds are specifically for exchange visitor.
DO NOT use this field to indicate funds paid to Jefferson or Jefferson affiliate

International Organization _____ U.S. \$ _____
 Name of Organization

The Exchange Visitor's Government _____ U.S. \$ _____
 Name of agency

The Binational Commission of the visitor's country _____ U.S. \$ _____
 Name of Organization

All other organizations _____ U.S. \$ _____
 Name of Organization (includes AIDI, Lankenau, Wills, Moss, AEHS, etc.)

Personal Funds _____ U.S. \$ _____
 Savings accounts, Family Support, etc. Please provide bank statements & affidavit of support.

Supervisor's Name _____ Title _____

Phone Number _____ Email _____

Supervisor's Signature _____ Date _____

For Department/Division Chair: As Chair of the department/division, I agree to the nature and details of the Exchange Visitor's Program. I approved the amount of time and funding requested as necessary to complete the goals and objectives of the research. With the attached letter, I recommend that you authorize this researcher to participate in the "Exchange Visitor" program described.

I am aware that regulations pertaining to J-1 visa holders state that health insurance is mandatory for them and any dependents they may bring with them to the United States, whether they travel with the J-1 visa holder now or join them later. Also, this Exchange Visitor is not being hired for, nor will he/she be promoted to a tenur track position while in the exchange visitor program.

Department / Division Chair's NAME _____ Date _____ Department / Division Chair's SIGNATURE _____

Person to be notified when DS-2019 is ready:	Phone Number

**Please review checklist at top of the page 1 of this form
 to be sure your DS-2019 Request is complete.**