



## DEPARTMENT REQUEST TO HOST EXCHANGE VISITOR

This form is to be completed by the Department/Sponsor/Host requesting Exchange Visitor (EV) J-1 Sponsorship for an international professor, research scholar or short-term scholar.

College at Brockport Faculty Sponsor:

Hosting Academic Department	
Name of Faculty Sponsor	
Office extension	
Cell	
Email Address	

Exchange Visitor Information:

<b>Name:</b>			
	Given/ First Name	Surname / Family Name	Middle Name
	Date of Birth		
	Email Address		

Proposed Dates of Program:

Begin Date:	End Date:
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Financial Information:

EV has been offered a salaried appointment at the university?
Will housing will be provided as a benefit of employment?
Primary Funding Source:
Additional Funding Source:
Mandatory Health Insurance Source:

Please describe the primary function of the Exchange Visitor's visit, as well as the duties/study/research the EV will be completing at The College at Brockport. <i>(You may attach a separate document, if needed.)</i>



Approvals:

*I certify that all the information I have provided is correct and complete and that I have received and reviewed the J-1 Exchange Visitor Manual.*

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**Faculty Sponsor**

**Date**

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**Sponsoring Department Chair**

**Date**

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**Interim Director of the Center for Global Education and Engagement**

**Date**

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**SEVIS Responsible Officer**

**Date**

Please forward this form from your nominating department to the Center for Global Education and Engagement at the details provided below.

Center for Global Education and Engagement, The College at Brockport, 350 New Campus Drive, Brockport, New York 14420

Phone: (585) 395-2119 □ Fax: (585) 637-3218 □ [www.brockport.edu/international](http://www.brockport.edu/international) □  
e-mail: kdavis@brockport.edu