

EMORY UNIVERSITY

CHERRY L. EMERSON CENTER FOR SCIENTIFIC COMPUTATION AND DEPARTMENT OF CHEMISTRY

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Atlanta, Georgia 30322
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To all foreign exchange scholars awarded a visiting fellowship in the Cherry L. Emerson Center for Scientific Computation or postdoctorals who will be working in the chemistry dept. at Emory University:

Please provide the information below which will assist the department in obtaining a DS-2019 (certificate of eligibility for exchange visitor status or temporary postdoctoral assignment) issued by the Office of International Student and Scholar Programs (ISSP) here at Emory.

Return this completed form, a copy of the biographic page of your passport, your CV and a copy of the first page of one of your most recent publications to:

Jianli Zhao
Cherry L. Emerson Center for Scientific Computation and
Department of Chemistry
Emory University
Atlanta, Georgia 30322
FAX: (404) 727-7412
Email: jzhao@emory.edu

.....
Family Name: _____ First: _____ Middle: _____

Check One: M____ F_____

Check One: Ph.D. _____ M.D. _____

Date of Birth: MO _____ DAY _____ YR _____

City of Birth: _____ Country of Birth: _____

Citizen of: _____

Country of Legal Permanent Residence: _____

Position in Home Country: _____

Employer: _____

Have you been in the U.S. in exchange visitor status (J1) in the last two years?

No____ Yes____

If yes, give date(s) and attach previous IAP-66s or DS-2019s

Have you ever been in any non-immigrant status at Emory before?

No____ Yes____

Do you have a US Social Security Card? Yes____ No____

If yes, please list the number here and be sure to bring the card with you:

US Social Security Number: _____

Home Address: _____

Work Address: _____

Where do you want your DS-2019 mailed:

Home address above: _____ Work address above: _____

Other address (please specify): _____

Contact email address: _____

Home country contact telephone #: _____

Home country contact fax #: _____

Length of appointment of this visit: Begin: _____ End: _____

Names of family members who will accompany you:

NAME1
RELATIONSHIP
DATE OF BIRTH
PLACE OF BIRTH
CITIZENSHIP

NAME2
RELATIONSHIP
DATE OF BIRTH
PLACE OF BIRTH
CITIZENSHIP

NAME3
RELATIONSHIP
DATE OF BIRTH
PLACE OF BIRTH
CITIZENSHIP

If Emory is not financially supporting your stay in the US, official documentation from the institution that is must accompany this form which states the amount of support.
