

**Academic Affairs / International Relations**

**NorthStar Visiting Scholars Academy**

**Visiting Scholar Information and Application Form**

Health insurance that meets the United States J-1 Visa requirements is ***required*** for all candidates that participate in Bemidji State University’s NorthStar Visiting Scholar Academy program. You will be required to purchase an insurance policy through Bemidji State University for the time that you are here. The current cost for this insurance is approximately $2400 per academic year in 2024, and increase approximately 3% annually.

Please fill out the form in English. Fill in N/A where it is not applicable.

1. Name as it appears on your passport:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family name, capitalized Personal Name

**Please attach a copy of your passport information page showing your name, date of birth, etc.**

1. Gender: Male \_\_\_\_ Female \_\_\_\_
2. Marital Status: Single \_\_\_\_ Married \_\_\_\_
3. Date of Birth: (Year, Month, Day): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. City of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Country of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Country of Citizenship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Country of Legal Permanent Residence:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. Local Identification number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. Title / Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
10. Department/Unit \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
11. Discipline/Teaching Area: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
12. Institution / Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
13. Employer/Work address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
14. If currently in the United States, please attach photocopies of all DS-2019 forms issued for previous and current programs, or evidence of current immigration status.
15. If currently in the United States, US address and phone number:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. If previously in the United State with J-1 status within the last 24 months, please submit a copy or copies of the relevant DS-2019 and state the exact date of departure from the United States.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please note that an exchange visitor is not eligible for participation as a professor for a period of two years following the previous program end date identified in SEVIS if:

1. He or she was in J-1 status as a professor or research scholar, and
2. Completed the previous program
3. E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Secondary e-mail address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Home country address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postal Code

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Country

1. Highest level of education completed:

Bachelors degree \_\_\_\_\_ Area of study \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Masters degree\_\_\_\_\_\_ Area of study \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctoral degree\_\_\_\_\_\_ Area of study \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Term applied for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Will you be bringing any dependent children? If so, how many?
3. Funding Information, in US dollars: Please list all sources of funds below and include letters / documents /bank statements to validate each source.

US Government (list agency) \_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_

International Organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_

Visitor’s Home Government \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_

Visitor’s Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_

Visitor’s Personal Funds \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_

Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_

 **Total:**  $\_\_\_\_\_\_\_\_\_\_\_

1. Briefly explain your reason(s) for participating in NSVSA, and briefly explain how your participation in this program will enhance your overall intellectual development and growth as an educator, researcher, professional practitioner.

*Note: By submitting this application, you indicate your acceptance of the accompanying General Policies Agreement*