

**J SCHOLAR ADMINISTRATIVE FEE FORM**

The UMN hosting department must provide the following information for budget purposes. Please include this form with visa request document. **ALL THE FIELDS IN BOLD ARE REQUIRED** (without this information, our office will NOT be able to PROCESS THE APPLICATION and will SEND IT BACK to the requesting department).

**(REQUIRED)**

**Name of Exchange Visitor** \_\_\_\_\_ **EMPLID** \_\_\_\_\_

**(REQUIRED)**

**NAME OF FACULTY REQUESTING DS-2019** \_\_\_\_\_ **Email** \_\_\_\_\_

**Phone** \_\_\_\_\_

**(REQUIRED)**

**Non-sponsored Account String**      **Fund** \_\_\_\_\_ **DeptID** \_\_\_\_\_ **Acct** 720399 **Program** \_\_\_\_\_

**(OPTIONAL)**

**CF1** \_\_\_\_\_ **CF2** \_\_\_\_\_

**FinEmplID** \_\_\_\_\_ **Cost Share** \_\_\_\_

**(REQUIRED)**

**Department Name** \_\_\_\_\_

**Department Address** \_\_\_\_\_

**Budget Contact Person** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_ **Email** \_\_\_\_\_

**FOR GPS USE ONLY**

____ J-1 (\$310)	Date Sent to GPS _____
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