

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 (\$295, as of July 1, 2012)

Date Sent to GPS _____



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