

UNIVERSITY OF MINNESOTA

*International Student and Scholar Services
Global Programs and Strategy Alliance
University of Minnesota*

*190 Hubert Humphrey School
301-19th Avenue South
Minneapolis, MN 55455
Tel.: 612-626-7100
Fax: 612-626-7361*

J STUDENT-INTERN ADMINISTRATIVE FEE FORM

The U of MN 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.

(REQUIRED)

Name of Exchange Visitor _____ **EMPLID** _____

(REQUIRED)

NAME OF FACULTY REQUESTING DS-2019 _____ **Email** _____

Phone _____

(REQUIRED)

Non-sponsored Account String **Fund** ___ **DeptID** ___ **Program** ___ **Acct** 720399

(OPTIONAL)

CF1 _____ **CF2** _____

FinEmplID _____ **Cost Share** __

(REQUIRED)

Department Name _____

Department Address _____

Budget Contact Person _____

Phone _____ **Fax** _____ **Email** _____

FOR GPS Alliance USE ONLY

_____ J-1 \$295

Date Sent to GPS _____