

# UNIVERSITY OF MINNESOTA

International Student and Scholar Services  
Office of International Programs  
Office of Executive Vice President and Provost

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

## 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 OIP USE ONLY

\_\_\_\_ J-1 (\$220 or \$250 for apps received on or after 7/01/2009)

Date Sent to OIP \_\_\_\_\_



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