



Exchange Visitor (EV) Program Information

Maximum Participation: Short-Term Scholar: 6 Months / Research Scholar & Professor: 5 Years / Specialist: 1 Year

Category of EV's Current Program: ☐ Short-Term Scholar ☐ Research Scholar ☐ Professor ☐ Specialist

Original DS-2019 Start Date: _____ Current End Date: _____ Extended End Date: _____
Month / Day / Year Month / Day / Year Month / Day / Year

In order to be eligible for a [DS-2019 extension](#) the exchange visitor must currently be working toward the objective(s) shown on their original exchange visitor *DS-2019 Request* and continue to do so for the extension period.

Have the exchange visitor's program goals been revised?

☐ No

☐ Yes— Explain how they align to the original goals:

Provide a rationale for extending the exchange visitor's program.

Will the exchange visitor's primary site of activity/research be on CU Boulder's Main or East Campus? ☐ Yes ☐ No

If the primary site of activity is not on Main or East Campus, please enter the complete site of activity address below:

Address: _____
Street City State Zip Code

If the exchange visitor has any additional sites of research/activity for the exchange visitor program, please indicate the complete address(es) below.

CU Boulder Job Status for the Extension Period

For the extension period, the exchange visitor will have a _____ % appointment. Job Code: _____

The exchange visitor will work the following number of hours/week: _____

What will the exchange visitor's account status be?

- | | | |
|---|--|---|
| <input type="checkbox"/> Faculty/Staff (on payroll) | <input type="checkbox"/> Person of Interest Type A | <input type="checkbox"/> Person of Interest Type B |
| <input type="checkbox"/> Person of Interest Type C | <input type="checkbox"/> Sponsored Affiliate | <input type="checkbox"/> Person of Interest with No Services Provided |

CU Boulder Funding During the Extension Period

- ☐ Exchange visitor will NOT receive CU Boulder funding.
- ☐ Exchange visitor WILL receive CU Boulder funding in the amount of \$_____ (only indicate salary/stipend amount)

International Student & Scholar Services | Center for Community, S355 | Boulder, Colorado 80309-0123

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Funding period: ☐ Yearly ☐ Monthly ☐ Weekly ☐ Other: _____

Attach CU Boulder funding letter and, if applicable, addendums for the extension period.

- CU Boulder funding letter must be completed and signed by all required parties (e.g., host faculty, dean, vice chancellor, exchange visitor etc.).

Exchange Visitor Program Cultural Component During the Extension Period

The purpose of the Exchange Visitor Program “is to provide foreign nationals with opportunities to participate in educational and cultural programs in the United States and return home to share their experiences, and to encourage Americans to participate in educational and cultural programs in other countries” [22 CFR §62.1(b)]. Sponsors must offer cross-cultural activities “to give their exchange visitors the broadest exposure to American society, culture, and institutions; and encourage exchange visitors to participate voluntarily in activities that are for the purpose of sharing the language, culture, or history of their home country with Americans, provided such activities do not delay the completion of the exchange visitor’s program” [22 CFR §62.8 (d)].

Examples of cross-cultural program themes include: Comparative history and politics; education systems; ethnic, racial, religious diversity in the U.S.; American culture, holidays, recreation; community service and volunteerism. Programs should allow for a two-way exchange of information.

Please indicate the cultural goals/components of this exchange visitor program. Be specific and include dates of activity if possible.

- ☐ Training in U.S. Teaching Pedagogy ☐ Attendance at Conference ☐ Participation in Cultural Event
☐ Cultural Discussion ☐ Community Service ☐ Participation in International Coffee Hour and ISSS Programs
☐ Other: _____

Additional Information:

Department Responsibilities & Attestations

In requesting an extension of an exchange visitor program/DS-2019 and agreeing to continue to host an exchange visitor, the host department and supervisor assume responsibility for ensuring that:

- The host department will not make an electronic copy of the DS-2019 and will not send copies of the DS-2019 by email. Any paper copy of the DS-2019 must be marked “COPY.” The department agrees to make every effort to ensure no electronic copies of the DS-2019 are made available to any entities including the exchange visitor;
- The exchange visitor program is not for a tenure-track or tenured faculty appointment;
- The exchange visitor has sufficient English proficiency to participate fully in the exchange visitor program and function on a day-to-day basis;
- The exchange visitor has at least a bachelor’s degree (or equivalent) and the experience required to fulfil the objectives of the exchange visitor program;
- The host department will continue to provide the exchange visitor with office space, cultural programming, and support for the duration of the CU Boulder exchange visitor program;
- The host faculty member will be physically present and maintain regular contact with the exchange visitor for the duration of the exchange visitor program to ensure that the goals of the program are met;
- The host department will assist the exchange visitor with benefit and payroll inquiries;
- At the end of the exchange visitor program, even if the exchange visitor is completing on-time, the host supervisor and exchange visitor must submit the [Exchange Visitor Program: Completion, Early Completion, or Transfer Form](#).

We attest that the exchange visitor has valid credentials and English proficiency to participate in the exchange visitor program and that the exchange visitor has sufficient financial support. We assume responsibility for the exchange visitor for the duration of the exchange visitor program, will uphold the exchange visitor regulations, and certify that the information provided on this form is true and accurate.

Host Faculty Member:

Name: _____ Signature: _____ Date: _____

Department Chairperson:

Name: _____ Signature: _____ Date: _____

Department Administrator / HR Coordinator / Payroll Liaison:

Name: _____ Signature: _____ Date: _____