BAY AREA OPHTHALMOLOGY COURSE
(formerly Basic Science Course in Ophthalmology)

Application for the DS-2019

The purpose of this form is to request a VISA CERTIFICATE (DS-2019) for a foreign visitor.
Please print name clearly where designated below and answer fully questions 1 through 8.
A non-refundable payment of $250 is required for this document

PLEASE, PRINT OR TYPE CLEARLY

Female

Name: _____
family first middle maiden name if applicable

Male

1. The scholar is employed in home country by:

_____
complete name and address of organization

_____

2. Highest academic degree(s) earned & granting institution

_____

3. TOTAL dates of visit: from_____to_____
month day year month day year

4. Funds in US$ for duration of stay (identify source and amount of support, i.e., sabbatical income/personal savings/grant/scholarship

a. Personal funds _____$US _____source _____

b. Other (specify)_____$US _____source_____

5. Personal data:

a. Birth date _____ b. Birth city _____ c. Birth country _____
month day year

d. Country of permanent residence _____ e. Country of citizenship _____

6. If dependents will accompany scholar, please list on separate sheet of paper the name, relationship, birth date, birthplace, country of citizenship and country of permanent residence for each. Prospective scholar must have sufficient financial support for dependents.

7. Please list your e-mail, phone and fax number. Also e-mail a scanned copy of your passport along with passports of any dependents who will accompany you to Judy Roberts: mommy_cat@hotmail.com

_____

8. Where should DS-2019 be express mailed? (please give exact address)

_____

_____

Payment of an extra $250 for this document must be made with your initial course application.

This form and passport can either be faxed to Judy Roberts @ 1-650-723-7229

Or e-mailed to Judy at: mommy_cat@hotmail.com