

Instruction for Summer Program DS-2019 Application Form

The applicant is to submit the following:

1. A completed DS-2019 Application Form.
2. A letter of recommendation from a professor in the institution which the applicant is currently studying. *The professor may be one of the two references quoted on the DS-2019 Application Form.*
3. Proof of financial support: A letter of financial support from the applicant's home institution or other sponsoring organization showing financial support in the amount of at least \$3,000.
4. Proof of English proficiency: If the applicant is not from a native English speaking country, a recommendation letter from a professor of English at the applicant's university is required. This is not necessary if the applicant is from a country where English is the native language.
5. A copy of your passport page with all your personal information.
6. A personal CV-Resume
7. A copy of your most current academic transcript

Submit the application with all the required documents by **April 1, 2011** to :

Dr. Khaled Elleithy
Associate Dean
School of Engineering
University of Bridgeport
221 University Avenue
Bridgeport, CT 06604

The application process takes about a month and if the application is approved, the applicant will receive the acceptance letter and visa application document in the mail.

UNIVERSITY OF BRIDGEPORT
SUMMER PROGRAM DS-2019 APPLICATION FORM

Name (Surname, First Name, Middle Name)	[]		
Date of Birth (Month/Day/Year)	[]		
Country of Birth (month/day/year)	[]	City of Birth	[]
Country of Birth	[]		
Country of Citizenship	[]	Gender	Male / Female []
Country of legal permanent residence	[]		
Home Country Mailing Address (No PO Box address permitted)	[]		
Telephone	Country Code / Area Code / Telephone Numbers		
E-mail Address	[]		
University you are currently enrolled in	[]		
Current major (degree program)	[]		
Have you participated in a similar "J" type visa program at another US institution? <i>If "Yes," please list all previous programs below and include copies of all DS-2019(IAP-66) forms to determine eligibility for current program</i>	Yes / No		
[]			
References Please quote two references	Name: Position: Institution: Tel: E-mail: Name: Position: Institution: Tel: E-mail:		