## CASE WESTERN RESERVE UNIVERSITY Information Needed From A Foreign Visitor (J1)

This form to be filled out by the exchange visitor

1.	NAME		☐ Male ☐ Female					
	Family/Last:							
	Given/First:	2. Date of birth						
	Middle:	Country of birth	(Month)	(Day)	(Year)			
	Priddle.							
3.	E mail address:	City of birth						
3. 4.	E-mail address:Phone							
	Number	Passport expires_	(Month)	(Day)	(Year)			
5.	Country of citizenship		(ivioliti)	(Day)	(1041)			
5.	Current Mailing Address:	6. Employer and En	-	,	• ,			
				···				
7.	Present position title							
8.	Highest degree earned	Country where it	was earned _	······································				
9.	Are you a medical school graduate and is your deg	ree an M.D? Yes No						
10.	If yes, in which country did you receive your education	ation?						
11.								
12.		passed any of these exams? VQEECFMGFMG (Med. Sci.)USMLE member of any country's military? Yes No If yes, what country?						
. 13.	If yes, what is your present position title?							
		14. For whom will you	r work of Co	a Waatam Da				
				——————————————————————————————————————				
		Department	W4	· · · · · · · · · · · · · · · · · · ·				
		Phone number or email						
		15. Proposed dates of	appointment	at Case Weste	ern Reserve			
		From	ta	n				
			Day) (Year)		Day) (Year)			
16.								
	Source of Funding	Monthly Total	Total for Enti	re Appointment	at			
	CWRU							
	US Government (Paid Directly to You)							
	Home Government							
:	Home Institution Name(Should match above institution)							
	Fulbright Grant							
	Other Source Name							
	Total Support							

- · · · · · · · · · · · · · · · · · · ·			Date of	departure from the U.S.
20. Are You subject to the two-year	ar foreign resid	lence requi	rement 212(e)?	Yes No
21. If you are in the U.S., what is y	our current sta	itus?		
22. When did you enter the U.S. and ur	nder what visa	status?		
Provide a copy of your CIS I-94 Form.				
23. When does your current authorized	period of stay	expire (I-9	94, H-1B, EAD	, Passport stamp, DS-2019)?
24. If you are in the U.S. as an Exchan as a Professor/Research/Specialist?	ge Visitor (J-1	), when die	d you begin to	be categorized on the DS-2019 No
	(Month)	(Day)	(Year)	_
When does your DS-2019 expire?	/N K			-
	(Month)	(Day)	(Year)	
05 D 1 1160 116		N		
		_		
26. If you have been in the US before l	nave you claim	ed any Ta		
26. If you have been in the US before I If yes, for what country?	nave you claim	ned any Ta		
<ul><li>25. Do you have a US Social Security?</li><li>26. If you have been in the US before I If yes, for what country?</li><li>As a student or apprentice?</li><li>copy of the CWRU Intellectual Property</li></ul>	nave you claim	ned any Ta	imed	

Name as it appears	Relationship	Date, City &	Citizenship	Date	U.S. Visa
on		Country		passport	status
passport		of birth		expires	
Family					
•					
Given					
Family					
Given					
Family					
Given					
Giren					
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