**INFORMATION NEEDED FROM FOREIGN VISITOR**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ] Male

(Family/Last (Given/First) (Middle) [ ] Female

E-mail address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City of birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country of Citizenship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Province of birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Passport Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Passport Issued Date \_\_\_\_ -\_\_\_ -\_\_\_ Date of birth\_\_\_\_ -\_\_\_\_ -\_\_\_\_

(Month) (Day) (Year) (Month) (Day) (Year)

Passport expires\_\_\_\_ -\_\_\_\_ -\_\_\_\_

(Month) (Day) (Year)

Address in your country of legal residence:

Current address (if different thank above):

Present position title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Highest degree earned\_\_\_\_\_\_\_\_\_\_\_ Country where it was earned\_\_\_\_\_\_\_\_

University where your highest degree was earned\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Specific field of education\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a medical school graduate? [ ] Yes [ ] No.

If yes, in which country did you receive your education?

Have you passed any of these exams? [ ] VQE [ ] ECFMG [ ] FMG (Med. Sci.) [ ] USMLE

For whom will you work at Case?

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number or e-mail\_\_\_\_\_\_\_\_\_\_\_\_\_

Proposed dates of appointment at Case:

From\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Month) (Day) (Year) to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Month) (Day) (Year)

Marital status [ ] Single [ ] Married [ ] Divorced

Please send a copy of the biographic page of your passport and any dependents.

Please tell us how each dependent is related to you.

Will your dependents be traveling with you? [ ] Yes [ ] No

If applicable, please provide a copy of your current visa stamp and visa stamps of any of your dependents currently in the U.S.

Have you or an employer ever filed an Employment-based Petition to Immigrate? [ ] Yes [ ] No

If so, when and where?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Disposition?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever visited the U.S. as an Exchange Visitor (J-1 status)? [ ] Yes [ ] No

Name of the organization that sponsored you

Who provided the funding?

Date of departure from the U.S.

Are you subject to the two-year foreign residence requirement 212 (e)? [ ] Yes [ ] No

Did you file for a waiver? [ ] Yes [ ] No

Did you receive the waiver? [ ] Yes [ ] No

If you are not currently in the U.S., which U.S. consulate will process your visa?

If you are in the U.S., what is your current status?

When did you enter the U.S. and under what visa status?\_\_\_\_\_\_\_\_\_\_\_ Provide a copy of your Form I-94

When does your current authorized period of stay expire?\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Month) (Day) (Year)

Provide copies of **all** I-797 Forms (Approval Notices)

When in the U.S., did you claim tax exemption under a tax treaty? [ ] Yes [ ] No

If so, what country?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ What period?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As a student/apprentice? [ ] Yes [ ] No

As a professor and/or researcher? [ ] Yes [ ] No

Do you have a U.S. Social Security Number? [ ] Yes [ ] No