

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

REV. 11/2009

This form to be filled out by the exchange visitor

1. **NAME**
 Family/Last: _____
 Given/First: _____
 Middle: _____

Male
 Female

3. E-mail address: _____
 4. Country of citizenship _____

2. Date of birth _____
 (Month) (Day) (Year)
 Country of birth _____
 City of birth _____
 Province of birth _____
 Passport expires _____
 (Month) (Day) (Year)

5. Address in your country of legal residence:

6. Current address (if different from #5):

7. Present position title _____
 8. Highest degree earned _____
 Specific field of education _____

Current employer _____
 Country where it was earned _____

9. 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

10. For whom will you work at Case Western Reserve?
 Name _____
 Department _____
 Phone number or email _____

11. Proposed dates of appointment at Case Western Reserve
 From _____ to _____
 (Month) (Day) (Year) (Month) (Day) (Year)

12. Monthly financial support during your stay in the U.S.:

| | | | |
|---------------------------|----------|--------------------------------|----------|
| From Case Western Reserve | \$ _____ | From your home institution | \$ _____ |
| From U.S. Government | \$ _____ | Fullbright Grant | \$ _____ |
| From you home Government | \$ _____ | Other source (please identify) | \$ _____ |

13. Please fill in the information for your dependents. Will they be traveling with you? Yes No

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

14. 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

Please provide a copy of your receipt, approval notice, correspondence, and DS-2019 /IAP-66.

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

16. When did you enter the U.S. and under what visa status? _____

Provide a copy of both sides of your CIS I-94 Form.

17. When does your current authorized period of stay expire (I-94, H-1B, EAD, Passport stamp, DS-2019)? _____

18. If you are in the U.S. as an Exchange Visitor (J-1), when did you begin to be categorized on the DS-2019 No.4 as a Professor/Research/Specialist? _____

(Month) (Day) (Year)

When does your DS-2019 expire? _____

(Month) (Day) (Year)

19. U.S. Social Security Number (if you have one) _____

20. 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