

PART II - TO BE COMPLETED BY THE EXCHANGE VISITOR

Name: _____ Male Female

Date of Birth: _____ City of Birth: _____ Country of Birth: _____

Country of Citizenship: _____ Country of Permanent Residence: _____

E-mail: _____

Physical Address

Number & Street: _____ Zip Code: _____

City: _____ State/Province: _____ Country: _____

Mailing Address (if different from physical address)

Number & Street: _____ Zip Code: _____

City: _____ State/Province: _____ Country: _____

• **Have you completed a previous term as a J-1 Research Scholar, Visiting Professor or Intern?** Yes No

If yes, please provide copies of your previous DS-2019, visa, and I-94 (and dependents documents if applicable).

• **Are you currently in the U.S.?** Yes No

If yes, what type of visa are you on? _____

• If bringing **dependents**, please fill out the table below and provide a copy of the passport for each dependent.

Eligible dependents include spouse and children. **Children MUST be under the age of 21.**

Last Name	First Name	Date of Birth	City & Country of Birth	Country of Citizenship	Country of Residence	Relationship



PART IV - TO BE COMPLETED BY J-1 STUDENT INTERN HOME INSTITUTION

Student Name: _____

Home Institution Certification

Home Advisor Name: _____ Title: _____

E-mail: _____ Phone: _____

Host Department: _____ Department Address: _____

Degree Student is Currently Pursuing: _____ Field of Study: _____

Student's estimate degree/certification completion date: _____

PART V - TO BE COMPLETED BY THE SPONSORING DEPARTMENT & HUMAN RESOURCES

Approval from Corresponding Department Chair or Dean of College:

Printed Name and Title: _____

Signature: _____ Date: _____

Approval from Human Resources

- If the Exchange Visitor receives monetary compensation from the University of Texas at El Paso, Human Resources must validate the form below (signature).
- If the Exchange Visitor **DOES NOT** receive monetary compensation from the University, approval from Human Resources **IS NOT** required.

Printed Name and Title: _____

Signature: _____ Date: _____

