



Instructions: The scholar will complete this form and send all relevant documentation (scans of your passport information page, scans of current/previous visa, I-94, and dependent(s) documentation if applicable) to the department administrator who provided this form to you.

Full name as it appears in passport: _____

Date of birth: _____ Country of citizenship: _____

Position In Home Country: _____ Email: _____

U.S. Consulate where you intend to apply for a visa stamp now or in the future: _____
City Country

Foreign residential address: _____
(outside of U.S.)

If arriving as a J-1 Exchange Visitor, I agree to comply with the J-1 health insurance requirement.

If married, will your spouse accompany you? If yes, check the box.

Will your children accompany you? If yes, check the box.

If dependent(s) will accompany you, include their passport information pages and complete the [dependent form](#).

VISA HISTORY

Are you currently in the United States? No Yes

If you are in the United States, what is your current visa classification (for example, J-1)? _____

Current U.S. address (if applicable):

Street address City State Zip code

Have you ever been a J-1 exchange visitor or J-2 dependent of a J-1 exchange visitor? No Yes

If **'Yes'** provide dates and copies of documents (DS-2019, IAP-66, or J visa stamp) that show you maintained this status:

If yes, have you ever been recommended or applied for a waiver of 212e? No Yes

If yes, was the waiver granted? (if yes, please attach) No Yes

SCHOLAR ATTESTATION

I certify that the information that I provided is true and I understand it is my responsibility to maintain the terms of my status.

Signature _____

Date _____

Notes: