



Office of International Services
2500 N. State St.
Jackson, MS 39216
Phone: (601) 984-1125/35
Fax: (601) 984-1376
E-mail: international@umc.edu

J-1 EXCHANGE VISITOR INFORMATION FORM

This form is to be completed by the prospective J-1 exchange visitor. The information will be used to complete the Certificate of Eligibility for J-1 Exchange Visitor (Form DS-2019). The completed form should be returned to the J-1 faculty sponsor.

Name as entered on passport (First, Middle, Last):

Gender: Male Female

Date of Birth (MM/DD/YYYY):

City of Birth:

Country of Birth:

Country of Citizenship:

Country of Permanent Residence:

Passport Number:

Country Issuing Passport:

Expiration Date (MM/DD/YYYY):

Social Security No. (if any):

Occupation in Home Country:

Highest Level of Education: B.S./B.A. Masters Ph.D. M.D.

Employer/Educational Institution in Home Country:

Home Address (Street, Apt. number, etc.):

City: **Province:** **Country:**

E-mail Address: **Phone Number:**

Have you been in the United States in a "J" nonimmigrant status at any time in the past?

Yes No. If "yes," please complete the following:

Category: (J-1 Research Scholar, Short-Term Scholar, Student or J-2 Spouse)	Sponsoring Organization	Beginning and ending dates of program or period of stay (MM/DD/YYYY)
Program #1:		
Program #2:		
Program #3:		

If **family members** will be accompanying you to the United States, please complete the following.

Please note: All names must be entered exactly as they are shown on the passport.

	Spouse	Child #1	Child #2	Child #3
Last (Family) Name				
First (Given) Name				
Middle Name				

	Spouse	Child #1	Child #2	Child #3
Gender				
Date of Birth (mm/dd/yyyy)				
City of Birth				
Country of Birth				
Country of Citizenship				
Country of Permanent Residence				