

**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
<i>Family</i>					
<i>Given</i>					
<i>Family</i>					
<i>Given</i>					
<i>Family</i>					
<i>Given</i>					

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