**Exchange Visitor Information**

*Please add your information electronically using a computer. Do not add information by hand. Please save and return the document in Word or PDF format.*

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1. Personal Information** | | | | |  | | | | | |
| Family Name: | | | Given Name: | | | | | Middle Name: | | |
|  | | |  | | | | |  | | |
| Gender: | Date of Birth: | | | City of Birth: | | | | | | Country of Birth: |
| Male  Female | Select Date | | |  | | | | | |  |
| Country of Citizenship | | | | Legal Permanent Residence Country: | | | | | | |
|  | | | |  | | | | | | |
| Passport Number: | Date of Issue: | | | Expiration Date: | | | Passport Issuing Country: | | | |
|  | Select Date | | | Select Date | | |  | | | |
| **1.1 Address and Contact Information** | | | | | | | | | | |
| Street/Apt. Address: | City: | | | Country: | | | Zip/ Postal Code: | | | |
|  |  | | |  | | |  | | | |
| Email Address: | | | | Telephone Number: | | | | | Mobile Number: | |
|  | | | |  | | | | |  | |
| Country Code: | | | | | | Best Time to Call: | | | | |
|  | | | | | |  | | | | |
| **1.2 Participation in J-1 Programs** | | | | | | | | | | |
| Have you participated in a J-1 program in the past?  Yes  No | | | | | | | | | | |
| If Yes, provide information: | | 1. Name of the program:   **Start Date** until **End Date** | | | | | | | | |
| 1. Name of the program:   **Start Date** until **End Date** | | | | | | | | |

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| **2. Marital Information** | | |  | |
| Marital Status: | | If Married, will your spouse need a J-2 visa to enter the U.S.? | | |
| Single  Married  **\*if Single, skip section 2.2** | | Yes  No  **\*if Yes, fill out section 2.2** | | |
| **2.2 Information about Spouse or Dependent** | | | | |
| Family Name: | Given Name: | | | Gender: |
|  |  | | | Male  Female |
| Date of Birth: | City of Birth: | | | Country of Birth: |
| Select Date |  | | |  |
| Do you have any other dependents? | Has she/he been to the U.S.? | | | Date to enter U.S.: |
| Yes  No | Yes  No | | | Select Date |

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| **3. Educational Background** | |  | |
| Are you a fulltime student? | Educational Institution/School Name: | | |
| Yes  No |  | | |
| Name of the Degree / Field studied / Course Name: | | | Date started university: |
|  | | | Select Date |
| Field of Studies Degree Equivalent (Associate’s, Bachelor’s, Master’s, etc.): | | | Estimated or actual graduation date: |
|  | | | Select Date |

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| **4. Information about Work Experience / Employment** | | | | |  | | |
| Are you employed? | | Name of company: | | | | Address of Company: | |
| Yes  No | |  | | | |  | |
| Current position: | | Name of supervisor: | | | | Telephone number: | |
|  | |  | | | |  | |
| Computer programs familiar with: | | | | |  | | |
|  | | | | | | | |
| **5. Emergency Contact Information** | | |  | | | | |
| 1. Name: | Phone Number: | | | Another Phone Number: | | | Relationship: |
|  |  | | |  | | |  |
| Country: | English Speaking? | | | If no, what language? | | | Email Address: |
|  | Yes  No | | |  | | |  |
| 1. Name: | Phone Number: | | | Another Phone Number: | | | Relationship: |
|  |  | | |  | | |  |
| Country: | English Speaking? | | | If no, what language? | | | Email Address: |
|  | Yes  No | | |  | | |  |
| 1. Name: | Phone Number: | | | Another Phone Number: | | | Relationship: |
|  |  | | |  | | |  |
| Country: | English Speaking? | | | If no, what language? | | | Email Address: |
|  | Yes  No | | |  | | |  |
| *\*You MUST provide at least* ***3 emergency contacts*** *and:*  *2 family members and 1 non-family member. All emergency contacts will be verified before departure so please include valid information.* | | | | | | | |

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| **6. Criminal and Health Background** | | |  | | |
| Have you ever been convicted of a crime? | | | | Yes  No | |
| If Yes, please explain: | | | | | |
| Please select any of the following conditions which currently apply to you or which you feel could impact your program. | | | | | |
| Dyslexia: | Yes  No | | | Whooping Cough: | Yes  No |
| Physical Handicap: | Yes  No | | | Asthma: | Yes  No |
| Scarlet Fever: | Yes  No | | | Convulsive Disorder: | Yes  No |
| Psychological Disorder: | Yes  No | | | Hepatitis | Yes  No |
| Measles: | Yes  No | | | Urological Problems: | Yes  No |
| Ulcer: | Yes  No | | | Cancer/Tumors: | Yes  No |
| Migraine Headaches: | Yes  No | | | Eating Disorder: | Yes  No |
| Substance Abuse: | Yes  No | | | Eczema: | Yes  No |
| Thyroid Disease: | Yes  No | | | Chicken Pox: | Yes  No |
| Rheumatic Fever: | Yes  No | | | Rubella: | Yes  No |
| Diabetes: | Yes  No | | | Mumps: | Yes  No |
| Allergy: | Yes  No | | | **Other conditions:** |  |
| Do you require special consideration? Yes  No | | | | | |
| **If Yes, please explain the treatment:** | |  | | | |
| Do you need to take any prescribed and/or long-term medication during stay: Yes  No | | | | | |
| **If Yes, please explain the treatment:** | |  | | | |

 I understand that my insurance coverage does not cover any preexisting conditions and   
     if medical treatment is needed it is my responsibility to pay all fees incurred in full.

I understand that it is my responsibility to purchase additional insurance to cover any preexisting conditions.