



# The University of Texas at Dallas

## J-1 Exchange Visitor Request and Information Form

Family Name (Last Name):  Given Name (First Name):

Middle Name  Date of Birth (mm/dd/yyyy)

City of Birth  Country of Birth

Country of Citizenship  Country of Permanent Residence

Male  Female  Single  Married Exchange Visitor's Email Address

Will dependents accompany or join the Exchange Visitor?  Yes  No If yes, please complete the Dependent Information page.

Position in Home Country (Title & Organization)

Highest Level of Education  Bachelors  Masters  Doctorate

Non-technical description of UTD job:

Program Dates From  To

Source of financial support and total amount translated into English and U.S. dollars

U.S. Government Agency \$  Agency

International Organization \$  Agency

Exchange Visitor's Gov't. \$  Personal Funds \$  Must provide a copy of bank statement showing sufficient funds

All other Organizations Providing Support (i.e. Welch Fellow) \$

United States Citizenship and Immigration Services (USCIS) requires written proof of non-UTD funding source and amount.

UTD (payroll) \$  Is the position eligible for benefits? (On UTD payroll for over 4/12 months or 20 hours or more per week)  Yes  No

If yes, the normal UTD benefits (including medical insurance) will be paid by funds from grant or department.

We request that HRM issue a DS-2019 for the prospective Exchange Visitor named above.

Date

Signature of Person Inviting Exchange Visitor \_\_\_\_\_ Printed Name

Date

Signature of Department Head, Dean or Director \_\_\_\_\_ Printed Name

Department

Contact Phone

Contact Name

Contact Email

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## J-1 Exchange Visitor Request Dependent Information

Print additional sheets as required

Visitor's Name	<input type="text"/>		
Dependent's Family Name:	<input type="text"/>	Dependent's Given Name:	<input type="text"/>
Dependent's Middle Name or initial :	<input type="text"/>		
Relationship	<input type="text"/>	Date of Birth (mm/dd/yyyy)	<input type="text"/>
City and Country of Birth	<input type="text"/>	Country of Citizenship	<input type="text"/>
Country of Permanent Residency	<input type="text"/>		
Entering U.S. at the same time as visitor:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, date of arrival:	<input type="text"/>

Dependent's Family Name:	<input type="text"/>	Dependent's Given Name:	<input type="text"/>
Dependent's Middle Name or initial :	<input type="text"/>		
Relationship	<input type="text"/>	Date of Birth (mm/dd/yyyy)	<input type="text"/>
City and Country of Birth	<input type="text"/>	Country of Citizenship	<input type="text"/>
Country of Permanent Residency	<input type="text"/>		
Entering U.S. at the same time as visitor:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, date of arrival:	<input type="text"/>

Dependent's Family Name:	<input type="text"/>	Dependent's Family Name:	<input type="text"/>
Dependent's Middle Name or initial :	<input type="text"/>		
Relationship	<input type="text"/>	Date of Birth (mm/dd/yyyy)	<input type="text"/>
City and Country of Birth	<input type="text"/>	Country of Citizenship	<input type="text"/>
Country of Permanent Residency	<input type="text"/>		
Entering U.S. at the same time as visitor:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, date of arrival:	<input type="text"/>

Dependent's Family Name:	<input type="text"/>	Dependent's Family Name:	<input type="text"/>
Dependent's Middle Name or initial :	<input type="text"/>		
Relationship	<input type="text"/>	Date of Birth (mm/dd/yyyy)	<input type="text"/>
City and Country of Birth	<input type="text"/>	Country of Citizenship	<input type="text"/>
Country of Permanent Residency	<input type="text"/>		
Entering U.S. at the same time as visitor:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, date of arrival:	<input type="text"/>