

J1 Exchange Visitor Data Form

1. Last Name or Family Name: First Name: Middle Name:

2. US Local Street Address:
Address Line 2:
Address Line 3:
City:
State: Zip:

3. Foreign Residence Address:
Address Line 2:
Address Line 3:
Postal Code: Province:
Foreign Country:

4. Country of Citizenship: 5. Country that Issued Passport:

6. Passport #: 7. Admission #:

8. Have you ever had another immigration status in the United States? Yes No
If yes, please specify:

9. What is your J-1 Exchange Subtype? CHECK ONE:
 01 Student 02 Short term Scholar 05 Professor Other 12 Research Scholar

10. What is the actual primary activity of this visit? CHECK ONE:
 01 Conducting Research 02 Teaching 03 Lecturing 04 Observing 05 Consulting 06 Conducting Research 07 Training 08 Demonstrating Special Skills 9 Clinical Activities 10 Temporary Employment 11 Here with Spouse

11. What is the actual date you entered the United States?
Month/Day/Year (I-94)

12. What is the start date of your immigration status for this primary activity?
Month/Day/Year (DS-2019)

13. What is the projected end date of your Immigration Status primary activity?
Month/Day/Year (DS-2019)

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14. Spouse in the United States? Yes No

Number of Children in US

15. If checked yes to question #14, please complete this section.

Spouse:

Last/Family Name	First Name	Date of Birth	Country of Citizenship	Country of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Child #1:

Last/Family Name	First Name	Date of Birth	Country of Citizenship	Country of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Child #2:

Last/Family Name	First Name	Date of Birth	Country of Citizenship	Country of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Child #3:

Last/Family Name	First Name	Date of Birth	Country of Citizenship	Country of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Child #4:

Last/Family Name	First Name	Date of Birth	Country of Citizenship	Country of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>