



*Professor Application for J-1 Visa*

To assist the University in meeting its legal requirements for all international exchange visitors, applicants are requested to provide information on the following questions. In order to issue appropriate immigration forms, ALL of the following questions must be answered.

**Full Legal Name**

\_\_\_\_\_

Last (Family name) Given (First) Middle

Maiden or other names used \_\_\_\_\_

**1. Sex** \_\_\_ Male \_\_\_ Female    **2. Marital Status** \_\_\_ Married \_\_\_ Single

**3. Birthdate** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**4. Birthplace** City \_\_\_\_\_ Country \_\_\_\_\_

**5. Country of Citizenship** \_\_\_\_\_ Official Language of your Country \_\_\_\_\_

**6. List member(s) of your family that will accompany you to the United States:**

Name (wife, son, daughter, etc.)	Place of birth	Birthdate	Relationship

**7. Permanent Home Address**

\_\_\_\_\_

Street (Cannot be a Post Office Box) City State

Country \_\_\_\_\_ Zip Code \_\_\_\_\_

Permanent Phone ( ) ( ) \_\_\_\_\_  
Country Code City Code

I hereby certify that to the best of my knowledge the information furnished in this application is accurate and complete. I understand that if found to be otherwise, it is sufficient cause for dismissal and possible deportation.

\_\_\_\_\_

Signature of Applicant Date

Category of Exchange Visitor

Professors must possess the appropriate academic or similar credentials in order to be selected as exchange visitors in the J Program. They also must participate in a program to foster the exchange of ideas between the institutions involved, as well as the two countries. Upon returning to their home countries, they are expected to contribute the knowledge and skills they have acquired in the U.S. as exchange visitors.

Please check one of the following:

**Professor** - an individual engaged primarily in teaching, lecturing, observing, and consulting. The individual may also be engaged in research. The maximum time allowed to stay in this country, in this category, is three (3) years. Extending the three-year period may be allowed under special circumstances.

**Source of Financial Support** - Please attach proof of financial support, i.e. bank statement or copy of contract. Minimum cost of living expenses for one person for one year is \$10,000. Please also attach proof of health/accident insurance coverage which covers at least the levels shown at <http://www.unco.edu/ship/main/international.htm> Coverage may be purchased through UNC.

<input type="checkbox"/> <input type="checkbox"/> U.S. Government Agencies	_____	\$ _____
<input type="checkbox"/> <input type="checkbox"/> International Organizations	_____	\$ _____
<input type="checkbox"/> <input type="checkbox"/> The Exchange Visitor's Government		\$ _____
<input type="checkbox"/> <input type="checkbox"/> The Binational Commission of the Visitor's Country		\$ _____
<input type="checkbox"/> <input type="checkbox"/> All other organizations providing support		\$ _____
<input type="checkbox"/> <input type="checkbox"/> Personal Funds		\$ _____
<input type="checkbox"/> <input type="checkbox"/> Expenses for dependents coming for one (1) year: \$ 3,725 for first dependent \$ 3,000 for each additional dependent		\$ _____
<b>TOTAL</b>		\$ _____