

## VISITING SCHOLAR INFORMATION FOR VISA DOCUMENT

Please type or print your responses legibly. All the questions must be answered. This information will be used to process the appropriate visa document(s) for your visit to Emory University. Please fax completed document to 1.404.778.4778; ATTENTION: Cindy J. Strickland.

### BIOGRAPHICAL INFORMATION

FULL NAME AS IT APPEARS IN YOUR PASSPORT:

FAMILY NAME: \_\_\_\_\_

GIVEN NAME: \_\_\_\_\_

MIDDLE NAME: \_\_\_\_\_

GENDER:

MALE       FEMALE

MARITAL STATUS:

MARRIED     SINGLE

DATE OF BIRTH:

MONTH: \_\_\_\_\_ DAY: \_\_\_\_\_ YEAR: \_\_\_\_\_

PLACE OF BIRTH:

CITY: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

COUNTRY OF CITIZENSHIP: \_\_\_\_\_

COUNTRY OF PERMANENT RESIDENCE: \_\_\_\_\_

COUNTRY OF LAST RESIDENCE PRIOR TO ENTERING THE U.S.: \_\_\_\_\_

POSITION IN HOME COUNTRY:

Are you....     a student?       employed?       self-employed?

TITLE: \_\_\_\_\_

COMPANY / INSTITUTION: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

ADDRESS : \_\_\_\_\_

\_\_\_\_\_

HOW LONG? \_\_\_\_\_

**HOME ADDRESS IN THE COUNTRY OF YOUR PERMANENT RESIDENCE:**

**STREET ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**CITY:** \_\_\_\_\_

**STATE/PROVINCE:** \_\_\_\_\_ **POSTAL CODE:** \_\_\_\_\_

**COUNTRY:** \_\_\_\_\_

**U.S. ADDRESS**

**STREET ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_

**POSTAL CODE:** \_\_\_\_\_ **U.S.A.**

**ADDRESS TO WHICH VISA DOCUMENTATION IS TO BE SENT**

**STREET ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**CITY:** \_\_\_\_\_

**STATE/PROVINCE:** \_\_\_\_\_ **POSTAL CODE:** \_\_\_\_\_

**COUNTRY:** \_\_\_\_\_

**IMMIGRATION INFORMATION**

**HAVE YOU BEEN IN THE U.S. BEFORE?**    \_\_\_ NO    \_\_\_ YES

**ARE YOU CURRENTLY IN THE U.S.?**    \_\_\_ NO    \_\_\_ YES    **VISA:** \_\_\_\_\_

**PROVIDE COPIES OF PASSPORT, I-94, AND ANY OTHER IMMIGRATION DOCUMENTS**  
(Forms DS-2019, I-20, EAD, or I-797, etc.)

**PASSPORT NUMBER:** \_\_\_\_\_

**EXPIRATION DATE:** \_\_\_\_\_ (MONTH) \_\_\_\_\_ (DAY) \_\_\_\_\_ (YEAR)

**INSTITUTIONAL AFFILIATION (CURRENT):** \_\_\_\_\_

**INITIAL ENTRY TO U.S.:** \_\_\_\_\_ (MONTH) \_\_\_\_\_ (DAY) \_\_\_\_\_ (YEAR)

**DO YOU PLAN TO LEAVE THE U.S. BEFORE ARRIVING AT EMORY?**    \_\_\_ NO    \_\_\_ YES

ARE YOU CURRENTLY ON F-1 OPTIONAL PRACTICAL TRAINING OR J-1 ACADEMIC TRAINING AUTHORIZATION?

\_\_\_\_\_ NO \_\_\_\_\_ YES, DATES: \_\_\_\_\_

HAVE YOU EVER HELD J-1 STATUS? \_\_\_\_\_ NO \_\_\_\_\_ YES, DATES: \_\_\_\_\_

IF YES, PROVIDE COPIES OF IAP-66 FORMS OR DS-2019 FORMS.

**FINANCIAL INFORMATION**

HOW WILL YOU BE FINANCIALLY SUPPORTED DURING YOUR STAY IN THE U.S.?

\_\_\_\_\_ PERSONAL FUNDS AMOUNT IN U.S. \$ \_\_\_\_\_

\_\_\_\_\_ FAMILY FUNDS AMOUNT IN U.S. \$ \_\_\_\_\_

\_\_\_\_\_ EMORY FUNDS AMOUNT IN U.S. \$ \_\_\_\_\_

\_\_\_\_\_ FOREIGN GOVERNMENT FUNDS U.S.\$ \_\_\_\_\_

DESCRIPTION: \_\_\_\_\_

\_\_\_\_\_ U.S. GOVERNMENT FUNDS AMOUNT \$ \_\_\_\_\_

DESCRIPTION: \_\_\_\_\_

\_\_\_\_\_ EMPLOYMENT FUNDS IN U.S. \$ \_\_\_\_\_

\_\_\_\_\_ BINATIONAL COMMISSION FUNDS AMOUNT \$: \_\_\_\_\_

\_\_\_\_\_ OTHER FUNDS IN U.S. \$ \_\_\_\_\_

DESCRIPTION: \_\_\_\_\_

**CREDENTIALS**

WHAT IS THE HIGHEST DEGREE YOU HAVE EARNED? \_\_\_\_\_

SCHOOL FROM WHICH HIGHEST DEGREE WAS ATTAINED: \_\_\_\_\_

PROVIDE ENGLISH TRANSLATIONS OF YOUR DIPLOMA(S), TRANSCRIPTS, OR OTHER DOCUMENTS VERIFYING YOUR CREDENTIALS.

**DEPENDENT INFORMATION**

WILL YOUR SPOUSE/CHILDREN ACCOMPANY YOU TO THE U.S.? \_\_\_\_\_ NO \_\_\_\_\_ YES,  
PLEASE PROVIDE THE FOLLOWING REQUIRED INFORMATION FOR  
EACH DEPENDENT:

FULL NAME(S) AS APPEARS IN THE PASSPORT, CITY OF BIRTH,

COUNTRY OF BIRTH, COUNTRY OF CITIZENSHIP, COUNTRY OF  
PERMANENT RESIDENCE.