VISA INFORMATION
for Issuance of Exchange Visitor Visas (J-1)
TO BE COMPLETED BY THE VISITOR
Please return form via e-mail, if possible. Otherwise, please be sure to type or print.

Name: _____ (Last (Family) / First / Middle)

Male ☐ Female ☐

Date of Birth: _____ (Month Day Year)

Are you a returning visitor to UCAR? Yes ☐ No ☐

Place of Birth: _____ (City / Country)

Country of citizenship: _____ Country of permanent residence: _____

Will your family be accompanying you? No ☐ Yes ☐
If yes, will they be traveling separately? No ☐ Yes ☐

Please list all J-1 visas you have ever had, and all other U.S. visas you have had in the past 7 years and the dates the visa(s) were valid: _____

The above information will also be required for any family members who will be accompanying you. Please provide this on a separate sheet.

If currently in the U.S., on what type of visa? _____ Since _____ If "F" visa, will this be practical training? _____

Occupation in Home Country: _____

Name and address of employer or home institution: _____

Phone number for express mail: _____ E-mail: _____

Is the employer: Government _____ University _____ Private _____
If Government, please indicate:
Central _____ State _____ Regional _____ Provincial _____ City _____

Financial support provided by: UCAR _____ Other _____

If other than UCAR, please indicate by noting the dollar amount in the space: (U.S. currency)
Visitor's Government $ _____
Home Institution or Other Organization $ _____
Personal Funds $ _____

Street address to which visa forms are to be sent, if not above. _____

Please include phone number.

DATES OF PROGRAM PARTICIPATION : From: _____ To: _____
(not travel dates - there is a 30-day grace period for travel before and after program participation)

Your contact person at UCAR: _____ Laboratory/Program: _____

April-08

Please return completed form by e-mail when possible to:
smontoya@ucar.edu
If e-mail is not possible, then please return typed or printed form to:
UCAR Human Resources Department
ATTN: Immigration Specialist
P.O. Box 3000
Boulder, CO 80307-3000
Fax: (303) 497-8709