

Exchange Visitor Profile

The Exchange Visitor completes all items and returns it to the UNF International Center. Please type or print clearly.

Exchange Visitor's Family Name _____ First Name _____ Middle Name _____ Male
Female

Date of Birth: _____ Place of Birth: _____
(mm/dd/yy) City Country

Country of Citizenship: _____ Country of Legal Residence: _____

Present position: e.g., Teacher Professor Lecturer Research Scholar Other: _____

Institution/location of present position: _____

Before you start this UNF program have you been in the U.S. within the past 12 months as a J-1 student, professor, research scholar, or J-2 dependent? Yes No If yes, what category (student, researcher, scholar): _____

If yes, please indicate the dates: FROM: _____ TO: _____
(mm/dd/yy) (mm/dd/yy)

Dependent Data

If your dependents will come to the U.S. during your program, you must provide evidence of sufficient financial support prior to the issuance of their DS-2019s. List below dependents (spouse and children under 21) who will accompany you or will join you later (if "Will join you later," please include beginning/end dates):

Relationship	Full Name	Birthdate <small>(mm/dd/yy)</small>	Birthplace <small>(City/Country)</small>	Country of Legal Residence	Accompany you to U.S. <small>(Yes / No)</small>	Will join you later <small>(Yes / No)</small>

U.S. government regulations require that you and your dependents, who come to the U.S. during your program, be covered by health and accident insurance meeting specific requirements for the duration of stay in the U.S. If you or your dependents are not already covered at the time of arrival, you must purchase coverage upon arrival.

I certify that the information provided is true and accurate to the best of my knowledge.

Signature of Exchange Visitor _____ Date _____

Mailing Address of Exchange Visitor:

Phone:
Fax:
Email address: