



Health Sciences Campus

INTERNATIONAL AFFAIRS OFFICE

FORM B

APPLICANT REQUEST FOR J-1 VISA*
FOR PROSPECTIVE FOREIGN FACULTY/RESEARCHER/SCHOLAR

Tufts/Affiliate Hiring Department

From: _____ To: _____
Dates of Appointment

Family Name of Exchange Visitor

First Name

Middle Name

Gender (circle one): Male Female Marital Status (circle one): Single Married

Date of Birth (Month Day, Year - example: June 1, 1980)

Place of Birth (City, Province, Country)

Exchange Visitor's Current Mailing Address

Exchange Visitor's Email Address: _____

Country of Legal Permanent Residence

Country of Citizenship

Telephone Number Overseas

Degrees Held (minimum of Bachelor's Degree Required)

Current Employment Position Overseas

Please provide us with a copy of the biography page of your passport and your current Curriculum Vitae.

FINANCIAL SUPPORT

(You must show \$24,000/year in financial support)

SOURCE	NAME OF AGENCY/ORGANIZATION	AMOUNT (US DOLLARS)
TUFTS / TMC / ST. ELIZABETH'S		
US GOVERNMENT AGENCY		
FOREIGN GOVERNMENT		
INTERNATIONAL ORGANIZATION		
BI-NATIONAL COMMISSION		
PERSONAL FUNDING		
OTHER		



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DEPENDANT INFORMATION

If married, spouse and/or family will (circle one): Accompany Follow

Please complete the section below and attach a photocopy of the biography page of the passport for each family member(s) planning to accompany or follow you.

NAME	RELATIONSHIP	DATE, CITY & COUNTRY OF BIRTH	NATIONALITY

Note: If family members accompany or follow you to the United States, you will need to add to your estimated annual expenses \$4,320 for each accompanying spouse and child..

IF CURRENTLY RESIDING WITHIN THE UNITED STATES

_____ Present Visa Type Initial Arrival Date I-94 Expiration Date

If Currently on an Exchange Visitor (J-1) Visa, this form must be accompanied by a copy of all issued documentation including, but not limited to:

- Form DS-2019
- Form I-94
- Visa Stamp in Passport

Name and Address of Institution where you are currently employed:

Applicant Signature Date