



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