

Application for International Exchange Visitors

Please fill out the following form completely and return it by fax. Most non-US citizens applying for admission to the United States need a valid entry visa. Before entering the US as an exchange visitor, non-US citizens must obtain a "J-1" exchange visitor visa from the nearest US embassy or consulate. To obtain the visa, CWU must first issue a "Certificate of Eligibility for Exchange Visitor (J-1) Status," commonly referred to as Form DS-2019.

1. Please indicate expected arrival date: _____ And expected departure date: _____
Month/Day/Year Month/Day/Year
2. Please mark academic terms you will be attending CWU:

Fall _____ Winter _____ Spring _____ Summer _____
(Sept.-Dec) (Jan-Mar) (Mar-June) (June-Sept..)

PERSONAL DATA

3. Male _____ Female _____

4. Name _____
Last Name (Family Name) First (Surname) Middle (if you have one)

5. Mailing Address:
(to which the DS-2019 should be mailed)

6. Your Permanent Address:
(if different from #5. If the same, write "same")

7. Telephone _____ 8. Email _____

9. Date of Birth ____/____/____ in _____, _____
Month Day Year City Country

10. Country of citizenship _____

11. Country of permanent residence _____

PASSPORT

12. Please provide a photocopy of the Passport Picture Page.

EMERGENCY INFORMATION (fill out in case of emergency)

13. Emergency Contact Name _____
Last (Family Name) First (Surname)

14. Emergency Contact Telephone _____

DOCUMENTATION OF FINANCIAL SUPPORT

15. US Government regulations require CWU to obtain proof that the exchange visitor has adequate financial resources to meet all expenses related to their program. In the table below, identify the source of

funding and the amount of financial support available. Please provide photocopies of documents as evidence of support. (Letter of support from government, institution, personal bank statements, etc...)

Approximate Amount	Source

EXCHANGE VISITOR SIGNATURE

16. In signing this form, I acknowledge that failure to disclose and submit complete and accurate information may result in the denial of admission or subsequent dismissal from said institution. I certify that to the best of my knowledge statements I have made in this application are complete and true. **I understand my application is incomplete without my signature below.**

Signature of Applicant _____ Date _____

This form must be signed by the department chair, faculty member, or director responsible for inviting the exchange visitor.
 I accept the responsibility for the accuracy of the information on this form, for sponsoring the exchange visitor at CWU, and for reporting to the OISP the termination and/or departure of the exchange visitor from CWU. **Departmental sponsorship requires allocating office space as well as normal faculty support such as computer access, office phone, and help with CWU related issues such as ID cards, setting up email, etc...**

Responsible CWU contact, *signed* _____ Date _____

Responsible CWU contact, *printed* _____

Title: _____ Dept.: _____ Mail Stop: _____

Tel.: _____ Fax: _____ Email: _____