

VISA INFORMATION FORM



This form should be completed by all non-U.S. citizens and non-U.S. permanent residents being appointed to Princeton University positions. Information from this form will be used to determine what, if any, visa sponsorship or documentation you will need to begin your position at Princeton. When completed, please return this form along with any requested accompanying documentation to your host or employing department. The host or employing department should forward this completed form along with accompanying documentation and a copy of the appointment form to: Office of Visa Services, 120 Alexander Street.

SECTION I. PERSONAL INFORMATION

Date _____/_____/_____ [Employee ID _____] *Office use only*

Name _____
Family/Last First Middle Initial

Gender Male Female U.S. Social Security Number _____

Date of Birth _____ Place of Birth _____
Month/Day/Year City/Country

Country of Citizenship _____ Country of Legal Permanent Residence _____

Most Recent Employment in Home Country - Position Title _____

Employer _____

Current Home Address _____ Current Business Address _____

Phone _____ FAX _____ Phone _____ FAX _____

Email _____ Email _____

PLEASE INDICATE YOUR PREFERRED ADDRESS FOR MAILING Home Address Business Address

Princeton University Host or Employing Department _____

SECTION II. VISA INFORMATION

IF YOU ARE CURRENTLY IN THE U.S., please indicate your **current visa status** _____ **AND**

Attach a copy of your Form I-94 Arrival Departure Record (small, white card stapled into your passport) **AND**

- IF IN **J STATUS**, attach copies of all of your **IAP-66 forms**
- IF IN **F-1 STATUS**, attach copies of all of your **I-20 forms**
- IF IN **F-1 STATUS AUTHORIZED FOR PRACTICAL TRAINING**, attach a copy of your **EAD**; if you have not yet received your EAD, please indicate the date you filed your application with INS or the date by which you plan to file your application with INS _____
- IF IN **H-1B STATUS**, attach a copy of the **I-797** notice of approval from your current employer
- IF IN **O-1 STATUS**, attach a copy of the **I-797** notice of approval from your current employer
- IF IN **ANOTHER STATUS**, please explain your status and attach a copy of your EAD, if you have one, i.e., J-2 with employment authorization, G-4 with employment authorization, applied for permanent residence and have employment authorization, etc. _____

IF YOU HAVE **PREVIOUSLY BEEN IN THE U.S.** in F, J, H, O, or permanent resident status, please indicate: (no need to indicate visits to the U.S. in visitor (B-1, B-2, WB or WT status))

Visa Status	Approximate Dates	Institutions/Employers

If **dependent family members** (spouse and children) will **accompany you**, please indicate:

Name	Relationship	Date of Birth	Country of Birth	Will Apply for Dependent Visa (yes or no)

IF YOUR DEPENDENTS WILL JOIN YOU AT A LATER DATE, YOU MAY ARRANGE FOR THEIR VISA DOCUMENTATION AFTER YOU ARRIVE AT PRINCETON. PLEASE NOTE: THIS MAY REQUIRE ADDITIONAL FINANCIAL DOCUMENTATION (see section on Financial Support).

SECTION III. HEALTH INSURANCE INFORMATION

If you will hold J Exchange Visitor status, Department of State regulations require that you and your dependents be covered by health insurance at mandated levels: i.e., basic and major medical coverage at \$50,000 per accident or illness, \$10,000 medical evacuation and \$7,500 repatriation, etc.

If you will be employed by Princeton University, health insurance coverage that meets these mandatory requirements will be offered to you and your dependents as a benefit of employment. Minimal coverage for the exchange visitor is provided at no cost, family coverage must be purchased; health insurance coverage that exceeds these mandatory minimums is also available at a cost to you. If you will not be employed by Princeton University, health insurance coverage that meets these minimum requirements will be offered to the J Exchange Visitor at no cost and family coverage may be purchased.

Please indicate:

- I will enroll upon arrival
- I will purchase insurance coverage in my home country (I will provide an English translation of the policy for evaluation and sign a waiver of insurance coverage upon arrival)

SECTION IV. FINANCIAL INFORMATION

Princeton University hosts many scholars under the University's (J-1) exchange visitor program. Department of State regulations require that the university maintain explicit documentation that each Exchange Visitor meets minimum levels of financial support. The Dean of the Faculty has determined that the following *minimum* levels of support are required for J-1 visa sponsorship:

	Per month	Per year
Single	\$2,400	\$28,800
One dependent (e.g., married, single with one child)	\$2,700	\$32,400
Two or more dependents (e.g., married with one of more children)	\$3,100	\$37,200

If you will be supported by *other than Princeton University*, or if your Princeton University salary or stipend is less than the required *minimum*, please indicate and **attach official documentation** of your financial support. **If any document is not in English, please provide a translation.** Funding may come from more than one source.

<u>Source of Support</u>	<u>Amount of Support</u>
_____ U.S. Government Agency: indicate i.e., AID, Dept. of Defense, Dept. of Energy, etc.: _____ <i>Attach a copy of your award letter on official letterhead indicating the amount and duration of the support</i>	\$ _____
_____ International organization: indicate i.e., World Health Organization, United Nations, etc.: _____ <i>Attach a copy of your award letter on official letterhead indicating the amount and duration of the support</i>	\$ _____
_____ Home Government <i>Attach a copy of your award letter on official letterhead indicating the amount and duration of the support</i>	\$ _____
_____ Home Institution <i>Attach a copy of your award letter on official letterhead indicating the amount and duration of the support</i>	\$ _____
_____ Personal Funds <i>Attach a copy of a personal bank statement showing account balance in U.S. dollars, letter from employer indicating continued salary payment for period of stay, letter from family member indicating amount of support and duration with documentation of ability to provide (bank statement, letter from employer, etc.)</i>	\$ _____

I attest that the foregoing information is true and accurate to the best of my knowledge.

Signature

Print Name

PLEASE RETURN THIS COMPLETED FORM WITH THE REQUIRED ACCOMPANYING DOCUMENTATION TO YOUR HOST OR EMPLOYING DEPARTMENT. DEPARTMENT MANAGERS SHOULD FORWARD THIS COMPLETED FORM AND ACCOMPANYING DOCUMENTATION WITH A COPY OF THE APPOINTMENT FORM TO: OFFICE OF VISA SERVICES, 120 ALEXANDER STREET.