



UNIVERSITY of NEW HAMPSHIRE

Office of International Students & Scholars

APPLICATION TO PARTICIPATE IN THE EXCHANGE VISITOR PROGRAM AT UNH

This form is to be completed by the prospective Exchange Visitor and returned to the International Scholar and Student Advisor (phone: 603-862-0086; fax: 603-862-0844; oiss@unh.edu; www.unh.edu/oiss; OISS, Thompson Hall G15, 105 Main Street, Durham, NH 03824) no later than 90 days prior to your anticipated arrival date at UNH. The information provided on this form will enable the University to determine your eligibility to participate in the Exchange Visitor Program. Be sure to attach all requested documentation to this form.

Name and Title of Person Offering UNH Sponsorship _____

UNH Department Offering Sponsorship _____

Anticipated Dates of Stay at UNH: From _____ To: _____
(Mo/Day/Year) (Mo/Day/Year)

Your Name As It Appears in Your Passport or Other Official Identification Document:

(Family) _____ (First) _____ (Middle) _____

Date of Birth _____ Male _____ Female _____ Marital Status _____
(Mo/Day/Year)

Place of Birth (City) _____ (Country) _____

Country of Citizenship _____ Country of Permanent Residency _____

Current Mailing Address: _____

Current Phone: _____ Current Fax Number: _____ e-mail Address: _____

Permanent Foreign Address: _____

Present Occupation (if student, please indicate whether undergraduate or graduate): _____

Name and Address of Home Institution or Current Employer: _____

Academic Degree(s) (Please indicate degree awarded, academic institution, and year awarded):

Have you visited the U.S. before? Yes _____ No _____ If yes, provide the dates of previous stay in the U.S. over the past five years and the type of visa(s) you held during those visits. Attach additional sheet if necessary. _____

If you are currently in the U.S., indicate your current immigration status_____. Attach a copy of your I-94 card, passport, current passport visa, and copies of any DS-2019, I-20, or I-797 you have been issued.

Please Note: Federal regulations prohibit an Exchange Visitor Program Sponsor from issuing a DS-2019 for a professor or researcher to any individual who has been physically present the U.S. in J-1 visa status for more than six months of the twelve month period immediately preceding the anticipated start date of a new program, unless the individual is being transferred from another program sponsor as permitted under federal regulation.

Provide the dates of your current and/or last stay in the U.S. as an Exchange Visitor in J-1 visa status:
From _____ to _____
(Mo/Day/Year) (Mo/Day/Year)

If you are currently in the U.S. as an Exchange Visitor, provide the following:

Name of current Exchange Visitor Sponsor: _____

Name and Title of Contact Person: _____

Address: _____

Phone _____ Fax _____ e-mail _____

Your SEVIS ID Number: _____ U.S. Social Security # (if any) _____

Are your English language skills adequate to perform the duties required by the UNH department and to make a successful cultural adjustment to the campus and the larger community? Yes _____ No _____
Comments _____

Family Information: (Please check all that apply)

- _____ family members will accompany me to the United States
- _____ family members may join me at a later date
- _____ family members are already in the United States
- _____ no family members will come to the United States

Provide the following information for any family member who is currently with you in the U.S., will accompany you to the U.S., or will join you later (Attach separate sheet if necessary.):

- full name (preferably as it appears in the passport)
- place of birth (city/country)
- date of birth
- country of citizenship
- country of legal residency
- relationship to you

Financial Information: Program sponsors are required to verify that the exchange visitor has adequate financial support for him/herself and all accompanying family members for the duration of their program. Complete the information below in detail. Attach evidence of financial support for all relevant categories (copy of personal bank statement, copy of award letter from your government, home institution or employer, etc.) If you will receive support from any Agency of the U.S. Government, your Home Government or any International Organization, please provide the name of that agency or organization.

<u>Source:</u>	<u>US Dollar Amount</u>	<u>Agency/Institution</u>
UNH	_____	
Personal Funds	_____	
U.S. Government Agency	_____	_____
International Organization(s)	_____	_____
Home Government	_____	_____
Home University	_____	_____
Other (Specify)	_____	_____

I verify that the information provided in this application is accurate. I understand I am required to carry adequate medical insurance coverage for myself and any accompanying family members and comply with all regulations of the U.S. Department of State Exchange Visitor Program and the policies of the University of New Hampshire. Failure to do so may mean dismissal from the Program.

Signature _____ **Date** _____