



6. Country of Legal Permanent Residence: \_\_\_\_\_

7. Last Position Held in Country of Legal Permanent Residence:

\_\_\_\_\_

Position Title or Occupation (e.g. Professor, Instructor, Student, etc)

8. Name of Institution, Agency or University with which affiliated:

\_\_\_\_\_

9. Source(s) and Amount of Support while in the U.S. Please indicate amount per month in U.S. dollars that will be available to you for the period of anticipated stay in the U.S. A minimum of \$1,500 per month for every month of your estimated stay is mandatory and a minimum of \$2,000 per year per dependent is mandatory (if applicable). Evidence of any funding that will not be provided by The University of Texas must be documented in written form (e.g. bank statements; letters of financial awards, etc). All financial certifications must be provided in English or accompanied by a certified English translation and must be provided in U.S. dollars.

- a. University of Texas \$ \_\_\_\_\_
- b. All other organizations providing support \$ \_\_\_\_\_
  - Name of Organization Providing Funding Must Be Provided: \_\_\_\_\_
- c. Personal funds \$ \_\_\_\_\_
- d. Dependent funds (if applicable) \$ \_\_\_\_\_

10 Name of UT Faculty Member Inviting: \_\_\_\_\_

11. Department Address: \_\_\_\_\_

12. Component (MDA or UTHSC-H or THI): \_\_\_\_\_

13. Will you be accompanied by family who will need J-2 status? ( ) Yes ( ) No

**If yes, complete the dependent information for each dependent who will accompany you in J-2 status. It is critical that you provide accurate information regarding your dependents since inaccurate information would be grounds to deny the J-2 visa.**

**I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THAT ALL INFORMATION PROVIDED ON THIS FORM IS ACCURATE AND THAT ANY FALSE INFORMATION COULD LEAD TO THE REVOCATION OF THE EXCHANGE VISITOR STATUS.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

**RETURN COMPLETED AND SIGNED FORM TO:**  
**Office of International Affairs**  
**P.O. Box 20036**  
**Houston, Texas 77225**  
**Tel: 713/500-3176 Fax: 713/500-3189**  
**Email: [jvisautoia@uth.tmc.edu](mailto:jvisautoia@uth.tmc.edu)**



Children (continued)

Male  Female

Name: \_\_\_\_\_  
Last (Family) First Middle

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Month/day/year City Country

Country of Citizenship: \_\_\_\_\_

Country of Legal Permanent Residence: \_\_\_\_\_

Male  Female

Name: \_\_\_\_\_  
Last (Family) First Middle

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Month/day/year City Country

Country of Citizenship: \_\_\_\_\_

Country of Legal Permanent Residence: \_\_\_\_\_

Male  Female

Name: \_\_\_\_\_  
Last (Family) First Middle

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Month/day/year City Country

Country of Citizenship: \_\_\_\_\_

Country of Legal Permanent Residence: \_\_\_\_\_

Male  Female

Name: \_\_\_\_\_  
Last (Family) First Middle

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Month/day/year City Country

Country of Citizenship: \_\_\_\_\_

Country of Legal Permanent Residence: \_\_\_\_\_