

J-1 SCHOLAR ARRIVAL FORM

TO BE COMPLETED BY ALL NEW J-1 SCHOLARS

TODAY'S DATE: ____/____/____
month/day/year

Family name (as it appears in passport) First name Middle name

US Social Security number or OSU ID number ____ -- ____ -- ____

Date of Birth ____/____/____ Female Male
month/day/year

City and Country of Birth _____

Country of Citizenship _____

Country of Permanent Residency _____

J-1 Program Sponsor _____ Program Number ____ -- ____ -- ____
From DS-2019 (Item 2) From DS-2019 (Item 2)

I-94 INFORMATION

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|--|--|--|--|--|--|--|--|--|--|--|--|
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|--|--|--|--|--|--|--|--|--|--|--|--|

Admission number (11-digit number in upper left corner of I-94)

Port of Entry: _____

Arrival Date: ____/____/____
month/day/year

Nonimmigrant Status: _____ (should be J-1)

Valid Until: _____ (should be D/S)

PASSPORT INFORMATION

Country of Passport _____

Passport Number _____

Date of Expiration ____/____/____
month/day/year

VISA INFORMATION

Control Number _____
Upper right corner of Visa

Issue Date: ____/____/____
month/day/year

Expiration Date: ____/____/____
month/day/year

Entries (circle one): 1 2 Multiple

1) Local Address in US: _____
Street Address

Street Address Apartment number

City/State/Zip Phone

2) Address in Home Country: _____
Street Address

Street Address

City State/Province Postal Code Country Phone

EMERGENCY CONTACT INFORMATION & PERMISSION

In the event of any emergency during the time that I am at Samford University, I give permission to representatives of the Global Engagement Office to notify the named persons of my whereabouts and/or my condition:

1) In the U.S.: _____
Name of Contact Relationship to you

Street Address Apartment number

City/State/Zip Phone

2) Outside the U.S.: _____
Name of Contact Relationship to you

Street Address

City State/Province Postal Code Country Phone

Permission Signature: _____

GEO USE ONLY: DS-2019 Start Date: ____/____/____ End Date: ____/____/____

SEVIS number: _____

Arrival update validated by _____ on ____/____/____ Verified on ____/____/____ by _____
Advisor initials mo day yr mo day yr Advisor initials

J-1 Scholars: 6 month-limit ____/____/____ OR 3-year limit ____/____/____
mo day yr mo day yr

(based on original J-1 program start date)

Rev. 7/25/2014

ADDRESS INFORMATION

