J-1 Scholar

This form should be completed by the prospective international scholar coming to Saint Louis University. Please submit this form to the faculty member or department administrator.

Once the form is completed, please return to:

Cathy Donahue, Office of International Services 3694 West Pine Des Peres Rm. 102 St. Louis, Missouri 63108 Fax: 314-977-3412



Office of International Services 102 Des Peres Hall St. Louis, Missouri 63108

Phone: 1-314-977-2318 Fax: 1-314-977-3412 international.slu.edu

| Name (as it app | ears on your passport): | | |
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| Data of Birth | City and C | · | |
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| | recent visits to the US on any other types of visas, including visa waivers: were in the US Purpose of stay and location (school or institution) filed, or has someone ever filed for you an application for permanent residency status? ttach a separate sheet and explain. close relative who is a US citizen? or permanent resident? e family relationship? your travel plans before verifying that the visa process will be completed prior to your departure. sonsored financially by an organization other than Saint Louis University, please attach a copy of the ter. If you will be self-sponsored, please attach a bank statement verifying availability of funds. | | |
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| | | Family/last First Middle and Country of Birth: | |
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| If yes, list on a s relationship to ye | eparate page: each person's na ou; and country of citizenship. | ame (last or family, first and midd | , , , , |
| Have you been i | in the US on J-1 status previous | sly? If so, please provide details: | |
| Dates | Purpose of visit | Visa Sponsor | Institution |
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| | | | nent residency status? |
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| Do not finalize y | our travel plans before verifying onsored financially by an organi | that the visa process will be cor zation other than Saint Louis Un | mpleted prior to your departure. iversity, please attach a copy of the |
| Scho | lar's Signature | Date | |