

INTERNATIONAL SCHOLAR SERVICES - UTSA Office of International Programs

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Exchange Visitor (EV) Personal Information Sheet

Please complete the following information. **(PRINT CLEARLY)**

1. Name: _____
(Last, Family) (First) (Middle)
2. Date of Birth: _____(mm/dd/yyyy) Gender: _____ Male _____ Female
3. SEVIS # _____ Program End Date: _____
(ID number is above barcode on DS 2019 form) (As indicated on SEVIS form)
4. Passport Number: _____ Expiration Date: _____(mm/dd/yyyy)
5. Passport Visa Type (check one): J-1 _____ J-2 _____ Expiration Date: _____(mm/dd/yyyy)
6. Date of Entry into U.S. in J status _____ I-94 Form # _____
7. EV Category: **Short-term Scholar** _____ **Research Scholar** _____ **Professor** _____ **Intern** _____
8. Marital Status: Single _____ Married _____
9. Did dependents arrive with you to the U.S.? Yes _____ No _____ If yes, how many? _____
10. Medical Insurance Provider: _____
(Company Name)

Insurance Start Date _____ **Insurance End Date** _____

11. Local Address: _____ (Apt#) _____
(City) _____, TX (Zip code) _____

12. Phone: _____ Home _____ Cell _____ Work _____ E-mail: _____

13. **Emergency Contact** (in U.S. or in your native country, if no contact in U.S.)

Name: _____ Relationship: _____
(Last, Family) (First) (Middle)

Phone: _____ Home _____ Cell _____ Work _____ E-mail: _____

Address: _____

City _____ Postal Code _____ Country _____

This information is collected for university administrative and emergency purposes and is not intended for any commercial marketing. Please sign below to indicate that you received this notice.

Signature: _____ Date: _____

Updated: March 2015