

# 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