Office of International Student and Scholar Services
Center for International Studies
261 MSC, One University Boulevard
St. Louis, MO 63121
USA
Telephone 1.314.516.5229
Fax 1.314.516.5636
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J-1 VISITING INTERNATIONAL STUDENT APPLICATION FORM
Form B - To be completed by invited international student

NAME EXACTLY AS WRITTEN IN PASSPORT _____
(Family/Last name) *(Given/First name)*

MALE___ FEMALE ___ DATE OF BIRTH (mm/dd/yyyy) _____

CITY AND COUNTRY OF BIRTH_____

COUNTRY OF CITIZENSHIP _____ PERMANENT RESIDENCE _____

HOME INSTITUTION_____
Degree program: [ ] Doctoral (PhD) [ ] Master's [ ] Bachelor's/Undergraduate

MAJOR/FIELD OF STUDY _____

BRIEF DESCRIPTION OF THE SPECIFIC ACTIVITY IN WHICH YOU WILL BE ENGAGED AT UMSL:
_____
Will this activity meet degree requirements at your home university? ___ yes ___ no

EMAIL ADDRESS:_____

RESIDENTIAL/MAILING ADDRESS IN HOME COUNTRY:
_____

SOURCE OF FINANCIAL SUPPORT	AMOUNT
__ a. UM St. Louis	$ _____
__ b. Home University _____	$ _____
__ c. U.S. government agency: _____ Attach written confirmation	$ _____
__ d. The student's government, paying the student directly Attach written confirmation from sponsor	$ _____
__ e. All other organizations: _____ Attach written confirmation from sponsor	$ _____
__ f. Student's personal/family funds. Attach bank statement or other financial document	$ _____

PLEASE LIST ANY DEPENDENTS (SPOUSE OR CHILDREN UNDER 21)

Name _____ ___ Spouse ___ Son ___ Daughter Date of Birth (m/d/y) _____
City and Country of Birth _____ Country of Citizenship _____

Name _____ ___ Spouse ___ Son ___ Daughter Date of Birth (m/d/y) _____
City and Country of Birth _____ Country of Citizenship _____