######

**PLEASE COMPLETE ELECTRONICALLY**

**Submit to ishr@columbia.edu**

Institute for the Study of Human Rights

Columbia University

## VISITING SCHOLARS PROGRAM



1. **PERSONAL INFORMATION**

Family/Last Name Given/First Name Middle Name

Date of Birth (Month/Day /Year) City of Birth Country of Birth

Country of Citizenship Country of Permanent Residence

Gender: O Female O Male O Trans\*/Nonbinary

1. **PERMANENT HOME ADDRESS** (Both P.O. Box & Street Address)

Address

City State/Province Postal Code Country

Telephone

1. **EMAIL ADDRESS**
2. **PURPOSE OF VISIT TO COLUMBIA**

(e.g., "To conduct research or to teach in [name of area, such as plasma physics, English, sociology, computer modeling, etc.]")

1. **PREFERRED LENGTH OF STAY** From: To:

Month/Day/Year Month/Day/Year

1. **ACADEMIC HISTORY**

Highest Academic Degree You Hold Date of Highest Degree Conferred

1. **OCCUPATION / TITLE IN COUNTRY OF RESIDENCE**

Title at Home Organization Name of Organization

Type of institution, agency or firm (i.e. private, university, government)

Address

City State/Province Postal Code Country

Telephone

1. **PASSPORT INFORMATION**

Passport Number Expiration Date (Month /Day /Year)

If your passport does not include the day of the month in which it expires, please select the first day of that month.

1. **VISA STATUS**

Have you been in J Exchange Visitor Status (J-1 of J-2) within the last 2 years?

O Yes O No

If yes, do you have a 2-year residency requirement to fulfill?

O Yes O No

Have you been in the United States in the last 12 months in J Exchange Visitor Status (J-1 or J-2)?

O Yes O No

1. **COMPLETE THE FOLLOWING IF YOU ARE IN THE UNITED STATES:**

Date of most recent arrival into United States:

 Month/Day/Year

What kind of immigration classification do you currently hold?

* B-1 Business
* B-2 Tourist
* F-1 Student
* J-1 Exchange Visitor, Student Category
* J-1 Exchange Visitor, Non-Student Category
* H-1 Temporary Worker
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If in J status, what period does your DS-2019 cover?

From: To:

Month/Day/Year Month/Day/Year

What is the expiration date (if any) on your I-94 Card?

Expiration Date (Month /Day /Year)

Does your I-94 Card indicate “D/S”?

O Yes O No

Current Mailing Address in the United States

Address

City State Zip Code

Telephone

1. **SHIPPING ADDRESS FOR VISA DOCUMENTS**

Address

City State/Province Postal Code Country

Telephone