

J VISA FORM

Visitor name: _____

LAST (in caps),

first

middle

(PLEASE BE SURE TO INCLUDE MIDDLE NAME IF YOU HAVE ONE)

DOB: _____ (mm/dd/year)

City and Country of Birth: _____ **Sex:** M ___ F ___

Citizen of: _____ **Resident of:** _____

Institution: _____

Current Degree Level : _____

Institution Address: (NO P.O. BOXES)

Telephone: _____

Fax: _____

E-Mail: _____

City: _____ **State/Province:** _____ **Country:** _____

Zip/Postal Code: _____ **Advisor:** _____

Foreign Home Address: _____

Period of Visit at JLAB: ___/___/___ - ___/___/___

Who will be your JLAB Host: _____

Detailed purpose of Visit and areas of research:

Check One: self-insure SURA/Jefferson Lab visitor SURA/Jefferson Lab employee

Salary / Honorarium / Living Expenses / Stipend: \$ _____ per _____
(circle one)

Will dependents be accompanying you to JLAB: _____
(If yes, please complete information below for the dependent)

Visitor name: _____

LAST (in caps), first middle

(PLEASE BE SURE TO INCLUDE MIDDLE NAME IF YOU HAVE ONE)

DOB: _____ (mm/dd/year)

City and Country of Birth: _____ Sex: M F

Citizen of: _____ Resident of: _____

***PLEASE SPECIFY ADDRESS TO SEND FED EX PACKAGE WITH VISA DOCUMENTS:**

PHONE NUMBER FOR FED EX PACKAGE: _____

***PLEASE BE SURE TO COMPLETE THIS AREA FOR EVERY J-1 VISA REQUEST.**

Please fax, email or send this completed form to along with a copy of passport:

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