## The University of Texas M. D. Anderson Cancer Center

## BIODATA INFORMATION REQUEST FOR FORM IAP-66, Certificate of Eligibility For Exchange Visitor Status, (J-1 VISA), SPONSORED BY THE UNIVERSITY OF TEXAS

## PLEASE PRINT OR TYPE

Please complete this form to request a Certificate of Eligibility for Exchange Visitor Visa (J-1) Status. This form must be completed and signed by the international visitor seeking the Form IAP-66 and returned to the address below for processing. Upon receipt of this completed form; appointment letter with administrative approval; and confirmation of sufficient funding, Form IAP-66 may be issued and mailed to the international visitor.

1. Name:			
	Last (Family) Name	First Name	Middle Name
[] Male	[] Female		
If no If ye	u currently in the U.S.? [] Yes [] No o, please proceed to question #3. es, attach (to this form) photocopies of all IN e entry into the U.S.	JS documents issued to you	a and your dependents (if applicable)
If no If ye date	ou previously been in the U.S. under a J-1 o o, please proceed to question #4. es, please attach (to this form) a chronologic o, departure date, status (e.g., Researcher, S tution(s).	al listing of previous Exch	ange Visitor training including beginning
4. Date of	f Birth: Place of H mo/day/yr	Birth:	
	mo/day/yr	City	Country
5. Countr	y of Citizenship: Legal P	ermanent Resident of:	
6. Position	n & Affiliation in Home Country or Country	-	
u	Position Title or Occupation (e.g		
0	Name of Institution, Agency or	University with which affili	ated
period of	(s) and Amount of Support while in the U.S less than one pear, please indicate amount a month of your estimated stay is mandatory.		
	a. University of Texas	\$	
	b. U.S. Government Agency(ies) - specify	\$	
	c. International Organization (s) - specify	\$	
	d. Government of home country - specify	\$	
	e. Binational Commission of visitor's count	ry \$	
	f. All other organizations providing suppor specify		

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8. Name of UT Faculty Member Inviting:	
Address:	Component:
Department	UTH, MDA, THI

9. Will you be accompanied by family who will need J-2 status? [] Yes [] No If **yes**, complete the Dependent Biodata Information Request for Form IAP-66, Certificate of Eligibility for Exchange Visitor Status.

International Visitor's Signature			Date:
Telephone:	Fax:	E-mail:	

RETURN COPY AND SIGNED FORM TO: Office of International Affairs P.O. Box 20036 Houston, Texas 77225 Phone: (713) 792-4776 x 1041 Fax: (713) 794-4680 E-mail: rvalenci@admin4.hsc.uth.tmc.edu