

## Request for Approval of Foreign National Visit or Assignment

1. Today's Date: \_\_\_\_\_

Visitor Information:

3. Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name  
(mandatory "nmn" if none) \_\_\_\_\_

Title (Mr., Dr., Mrs., Ms.): \_\_\_\_\_

Aliases (Other names known by or different spellings of name): \_\_\_\_\_

4. Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ 5. Birth Date (MM/DD/YYYY): \_\_\_\_\_

6. Place of Birth: City/Province/Region: \_\_\_\_\_ Country: \_\_\_\_\_

Citizenship: \_\_\_\_\_

7. Do you maintain dual citizenship? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, provide both countries in the Citizenship box below and indicate which country the individual resides.

Citizenship	Citizenship	Country of Residence
_____	_____	_____

8. Passport Number: \_\_\_\_\_ Passport Expiration: \_\_\_\_\_ Issuing Country: \_\_\_\_\_

9. Currently in U. S.? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, are you an Immigrant Alien? Yes \_\_\_\_\_ No \_\_\_\_\_

Has an application for U. S. Naturalization been filed? Yes \_\_\_\_\_ No \_\_\_\_\_ Date Filed: \_\_\_\_\_

Are you a Lawful Permanent Resident? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, Provide Green Card Number and Expiration Date:

Green Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

10. Visa Type: \_\_\_\_\_ Visa Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

11a. Current Employer, University, or Institution Affiliation: \_\_\_\_\_

Division: \_\_\_\_\_ Job Title: \_\_\_\_\_

Street Address	City	State	Zip
_____	_____	_____	_____

Country: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Is work location different from employer's address listed above? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, enter address here: \_\_\_\_\_

11b. Kind of business or organization (e.g., government, company, laboratory, university): \_\_\_\_\_

11d. Educational background (including university/college training with degrees and dates conferred): \_\_\_\_\_

11e. Field of research: \_\_\_\_\_

11f. Will you bring any family members with you (now or later)? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, provide the following information for each accompanying family member.

Last Name	First Name	Middle Name
_____	_____	_____

Place of Birth	City	Country
_____	_____	_____

Date of Birth (MM/DD/YYYY)	Relationship	Citizenship
_____	_____	_____