



Princeton University Davis International Center *Visa Information Form*

This form is to be completed by non-U.S. citizens and permanent residents with Princeton appointments. Must be accompanied by copies of:

- Passport biodata page
- Prior or current visa documents, if applicable (see Section II)
- Funding information, if applicable (see Section III)
- **English Language Certification** (to be completed by host department)

For HR/PPPL Hires Only: Submit completed form, passport biodata page, an updated CV, and a copy of your offer letter via our secure portal at:

https://intlctr-check-in.princeton.edu/docuport/intlctr_humancheck.php

SECTION I. PERSONAL INFORMATION

All information should be written exactly as it appears on your passport.

Name: _____
Family/Last *Given/First*

Gender: Male Female U.S. Social Security Number (if any): _____

Date of Birth: _____ Place of Birth: _____
Month/Day/Year *City of Birth* *Country of Birth*

Country of Citizenship: _____ Country of Legal Perm. Residence: _____

Most Recent Position in Home Country: _____

If Student: Graduate Undergraduate

Employer or School: _____

Current Address (for delivery of visa documents):

Indicate address type: Home Business

Street: _____ Street 2: _____

City: _____ Province: _____

Country: _____ Postal Code: _____

Phone: _____ Email: _____

Princeton University Host or Employing Department: _____

SECTION II. VISA INFORMATION

IF YOU ARE CURRENTLY IN THE U.S., please indicate your current visa status:

J, attach copies of all DS-2019s

H-1B, attach a copy of Approval Notice

F (not eligible for OPT), attach copies of all I-20s

O-1, attach a copy of Approval Notice

F-1 OPT, attach a copy of EAD card or Receipt Notice

TN, attach a copy of your I-94

Other _____, attach verification of your current status

IF YOU HAVE PREVIOUSLY BEEN IN THE U.S., please indicate (*do not include visits to the U.S. in visitor [B-1, B-2, WB, or WT status]*):

Visa Status/Type	Approximate Dates	Institution/Employer/Sponsor

SECTION III. FINANCIAL INFORMATION—FOR DoF AND PPPL APPOINTMENTS ONLY

The Dean of the Faculty has determined that the following minimum levels of support are required for Princeton visa sponsorship:

	Per Month	Per Year
Single or with one dependent (e.g. married or single w/ one child)	\$4,570	\$54,840
Two or more dependents (e.g. married and w/ one or more children or single w/ two or more children)	\$4,935	\$59,227

If you will not be supported by Princeton University, please indicate and attach official documentation of your financial support. **If any document is not in English, please provide a translation.** Funding may come from more than one source.

Source of Support	Amount of Support

Award letters must be on official letterhead, and should indicate the amount and duration of support. Personal funds (i.e., bank statements) may only be shown to supplement financial support for dependents. Personal funds must show account balance in U.S. dollars.

SECTION IV. DEPENDENTS

Please check the box and complete the table below if:

My spouse and/or child(ren) will need visa documents. I have attached a copy of the passport info pages for each dependent.

This option is only available to married spouses. No U.S. citizens or permanent residents. For 4 or more dependents add an attachment with the following information:

Name	City of Birth	Country of Birth

I do not need visa documents for dependents.

It is possible to arrange for issuance of dependent visa documents after your arrival at Princeton. Please note: This may require additional financial documentation (see Section III).

SECTION V. HEALTH INSURANCE INFORMATION

Federal law requires all J visa holders to be covered by health insurance at **mandated levels**.

Health insurance coverage that meets these mandatory requirements will be offered to all J-1 visa holders as a benefit of employment, and is provided at no cost. Family coverage must be purchased. Health insurance coverage that exceeds these mandatory minimums is also available at a cost to you.

Please indicate:

I will enroll in health insurance upon arrival.

I will purchase insurance coverage in my home country (I will provide an English translation of the policy for evaluation and sign a waiver of insurance coverage upon arrival.)

I attest that the foregoing information is true and accurate to the best of my knowledge.

Signature

Date

Return this completed form with the required accompanying documentation to your host or employing department (HR/PPPL hires submit to our secure docuport directly). Applications submitted incomplete, illegible or without documentation will result in a delay in processing.

Revised: August 2022