



UCF Global

UNIVERSITY OF CENTRAL FLORIDA

Exchange Visitor Questionnaire

First Name:

Middle Name:

Family Name:

Birth Date:

Legal Sex:

City of Birth:

Country of Birth:

Country of Citizenship:

Country of Legal Permanent Residence:

Foreign Street Address:

Foreign Street Address 2:

City:

State / Province:

Country:

Postal Code:

Email Address:

Foreign Phone Number:

Highest Level of Education Completed: High School Bachelor's Master's Ph.D.

Current Occupation:

Field of Specialization:

Do you require a Form DS-2019 for your spouse or dependent(s)? YES NO

Have you ever been in J-1 or J-2 status before? YES NO

Please provide the following:

Passport Resume/CV Proof of English Proficiency Financial Documentation