

## F-1/J-1 INFORMATION

This form is used for a guest who will visit you for a short period of time as a tourist (B visa). If these guests are dependents (spouse or child) who plan to apply for F-2 or J-2 visas, please complete the [Family Member Application](#).

International Student & Scholar Services will, at their discretion, issue a letter of invitation for a non-immigrant (F or J) student's or scholar's family member(s) to visit him or her. Please complete the form below, submit to ISSS, and allow 3-4 days for processing.

\_\_\_\_\_  
LAST/FAMILY NAME, capitalized

\_\_\_\_\_  
First/Given Name

\_\_\_\_\_  
Date of Birth (Month/Day/Year)

\_\_\_\_\_  
Country of Citizenship

Classification (check one):  
 Student     Staff     Faculty

\_\_\_\_\_  
 Male     Female  
 Visa Type

\_\_\_\_\_  
 Department and Position

\_\_\_\_\_  
 Degree Seeking                      Major Field of Study

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Approximate dates of visit

\_\_\_\_\_  
Reason for visit

If you are inviting multiple people, how would you like the letters? (check one)

Same letter                       Separate letters

## VISITOR INFORMATION

_____ LAST/FAMILY NAME,  <input type="checkbox"/> Male <input type="checkbox"/> Female	_____ First/Given Name  _____ Date of Birth: MM/DD/YY
_____ Country of Birth	_____ City of Birth
_____ Country of Citizenship	_____ Relationship to you

_____ LAST/FAMILY NAME,  <input type="checkbox"/> Male <input type="checkbox"/> Female	_____ First/Given Name  _____ Date of Birth:MM/DD/YY
_____ Country of Birth	_____ City of Birth
_____ Country of Citizenship	_____ Relationship to you

_____ LAST/FAMILY NAME,  <input type="checkbox"/> Male <input type="checkbox"/> Female	_____ First/Given Name  _____ Date of Birth: MM/DD/YY
_____ Country of Birth	_____ City of Birth
_____ Country of Citizenship	_____ Relationship to you

_____ LAST/FAMILY NAME,  <input type="checkbox"/> Male <input type="checkbox"/> Female	_____ First/Given Name  _____ Date of Birth:MM/DD/YY
_____ Country of Birth	_____ City of Birth
_____ Country of Citizenship	_____ Relationship to you