

Archived Information

U.S. DEPARTMENT OF EDUCATION
WASHINGTON, D.C.
Application for Waiver of the Two-Year Foreign
Residence Requirement of the Exchange Visitor Program

Direction: Complete this form and attach extra sheets as necessary

SECTION 1. APPLYING INSTITUTION

1. Name of Institution:

2. Complete Address:

3. Name & Title of Department Head:

4. Department in which Visitor is employed:

5. Telephone number:
()

SECTION 2. EXCHANGE VISITOR

6. (a) Name: (Last, First, Middle)

(b) Maiden Name:

7. Date of birth:

8. Birthplace:

9. Male____ Female____
10. Married____ Single____

11. Residential Address:

12. Last U.S. residence, if no longer in U.S.A.:

13. Dependents:

	<u>Name</u>	<u>Relationship</u>	<u>Birth date</u>	<u>Birthplace</u>	<u>Visa Type</u>
a.					
b.					
c.					
d.					

14. What funds were used to finance the exchange visa? Note total \$ in each category.

U.S. Govt	\$_____	UN or Affiliate	\$_____	Private	\$_____
Visitor's Govt	\$_____	Personal	\$_____	All other	\$_____

OMB NO.: 1840-0500

Expires: 12/31/2002
ED-L60-2P

SECTION 3. VISA BACKGROUND

15. Citizenship: _____ **16. Country of last resident before entering U.S.A.:** _____

17. Alien Registration Number: _____ **18. Immigration Office where registered:** _____

19. Date(s) of entry into U.S. as Exchange Visitor: _____ **20. Visa expiration date:** _____

21. Time spent outside U.S. , if any, in fulfillment of requirement. Dates: _____

22. Explain all other applications for foreign residence waiver for this visitor.

<u>Date</u>	<u>Applicant</u>	<u>Which Federal Agency</u>	<u>Result</u>
a.			
b.			
c.			
d.			

SECTION 4. RELATION OF VISITOR TO PROGRAM

23. Name of Program: _____ **24. Number of Faculty employed in Program:** _____

25. Title of Position: _____

a. Salary: \$ _____
(Indicate if Calendar or Academic year.)
b. Faculty Rank: _____ c. TenureTrack? _____

26. Length of time employed by institution and program: _____

SECTION 5. SUPPORTING DOCUMENTATION

27. Provide detailed information supporting the Waiver Application and document the information required in the attached Guidelines.

SECTION 6. CERTIFICATION OF ACCURACY OF ALL INFORMATION PROVIDED

Signature of Department Head

Date

Print Name

Signature of Dean or Senior Official

Date

Print Name

According to the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1840-0500. The time required to complete this information collection is estimated to average one and one-half hours per response, including the time to review instructions, search existing data resources, and gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: U.S. Department of Education, Washington, DC 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: The Exchange Visitor Waiver Review Board, U.S. Department of Education, Washington, DC 20006-8540.