

J VISA FORM

Visitor: _____ **DOB:** _____
LAST (in caps), first middle mm/dd/yy

City and Country of Birth: _____ **Sex:** M ___ F ___

Citizen of: _____ **Resident of:** _____

Institution: _____

Current Degree Level : _____

Institution Address: (NO P.O. BOXES) _____ **Telephone:** _____

_____ **Fax:** _____

_____ **E-Mail:** _____

City: _____ **State/Province:** _____ **Country:** _____

Zip/Postal Code: _____ **Advisor:** _____

Period of Visit at JLAB: ___/___/___ - ___/___/___

Who will be your JLAB Host: _____

Foreign Home Address: _____

Will dependents be accompanying you to JLAB: _____

Detailed purpose of Visit and areas of research:

Check One: self-insure SURA/Jefferson Lab visitor SURA/Jefferson Lab employee

Salary / Honorarium / Living Expenses / Stipend: \$ _____ per _____
(circle one)

NOTES: