



CAPES GRADUATE FELLOWSHIPS
APPLICATION FOR IAP-66: J-1 EXCHANGE VISITOR VISA FORM

An **IAP-66** form supporting J-1 status can be sent to you once you have completed and returned this form to: Linda Tobash, Chief, Placement Unit, IIE, by fax using the following fax number: 001-212-984-5395

Please type or print in black ink. Indicate the address to which the IAP-66 should be mailed:

Name: Ms. Mr. _____
Last/Family Name First/Given Name Middle Name

Fax: _____ E-mail: _____

<i>House Number</i>	<i>Street</i>
<i>City</i>	<i>State/Province</i>
<i>Country</i>	<i>Postal Code</i>

Country of Permanent Legal Residence: _____

Country of Citizenship: _____

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

Occupation in Home Country: _____

Name of Employing Organization in Home Country: _____

U.S. Academic Institution: _____

Field of Study : _____ Degree: _____

Anticipated arrival date into the United States: _____

Please list any dependents who will accompany you to the United States (*Use additional sheet if necessary*):

Name as on passport	Relationship to you	Country of Citizenship	Place of Birth City/Country	Date of Birth (Mo/Day/Yr)	Passport # & Expiration