



Name: _____

Country: _____

CURRENT MAILING ADDRESS:

Street _____

Apartment Number: _____

City: _____

State/Province: _____

Home Telephone: _____

Work Telephone: _____

E-mail: _____

Fax: _____

MARITAL STATUS: _____

Do you have dependents (individuals for whom you are financially responsible)? : Yes No

If you answered yes to dependents, how are they related to you (child, mother, father, spouse, etc.)?:

Please note the FLTA Program does not provide J-2 visa sponsorship for dependents. Will you be able to participate in the program without your dependents? : Yes No

PLEASE DESCRIBE ANY PHYSICAL IMPAIRMENT YOU MAY HAVE. (This information is gathered for statistical purposes and to ensure appropriate placement. The FLTA Program does not discriminate on the basis of race, color, religion, sex, national origin, and/or physical impairment):

Please note J-1 Exchange Visitor regulations require that all students have adequate health and accident insurance which comply with minimum coverage. If a host institution does not provide health insurance you will be required to purchase one within the first two weeks of an assistantship.

AUTHORIZATION OF RELEASE OF INFORMATION:

I authorize the FLTA Program Office or its administrative agency: Yes No

- 1) to receive and/or request my TOEFL, TSE, TWE or any other test score reports;
- 2) to send any of the above score reports to U.S. institutions on my behalf;
- 3) to use my photo image for purposes relevant to program display and promotion.

Signature

Date (Month/Day/Year)