



**UNIVERSITY SYSTEM
OF GEORGIA**
International Education

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J-1 Exchange Visitor Program
Visitor Arrival Confirmation and Information Sheet

Institution _____

Visitor's name _____
(as it appears on the passport)

SEVIS ID # _____

U.S. residential address _____
(must be a physical address)

City _____ State _____ Zip _____

U.S. phone # _____ Email _____

*Date of visitor's arrival in U.S. _____ *If student, date classes begin _____

Insurance Information:

USG SHIP Insurance (YES/NO) _____
If No, see instructions below

Visitor orientation has occurred/will occur on (date)

Within three days of the visitor's arrival, please fax or email this form and the following documents to International Education at (404) 962-3116 or tammy.rosner@usg.edu.

- Copy of DS-2019 with visa officer signature
- Copy of passport
- Copy of visa
- Copy of I-94
- Copy of proof of insurance, if not USG SHIP (must include details about dates of coverage, benefits, exclusions, etc.)

***Note that any change of address must be reported to this office and to U.S. Citizenship and Immigration Services within 10 days of the address change. Please email tammy.rosner@usg.edu and include the following information:**

- Visitor's Full Name
- SEVIS ID #
- New Address

This form completed by: _____
Name Signature Date