

WVHEPC J-1 Exchange Visitor Program

			FOR J-2 DEPEND	<u>DENTS</u>	
Which HEPC Campus are you					
Bluefield State University	Bluefield State University Concord University Fairmont State University Glenville State University Shepherd University West Liberty University				
Fairmont State University	y Gienv	lile State Universit	Sity		
Shepherd University HEPC Office of Internation	onal Dragrams	Liberty Offiversit	у		
HEPC Office of filternation	Jilai Piografiis				
YOUR NAME:					
(Last)	ast) (First)				
E-MAIL ADDRESS:			,		
ACADEMIC DEPARTMENT:					
ADDRESS:					
TELEPHONE #:		194 CARD #:			
EXPECTED DATE OF COMPLET	TON.				
EXPECTED DATE OF COMPLET	ION:				
The following information is re	equired regarding	ng your family.	Write on the bacl	k of this form if more	
space is necessary:					
0D0U0E: (14)	(Final)	OLUL D.	(1 4)	(Fi4)	
SPOUSE: (Last)	(First)	NAME :	(Last)	(First)	
DATE OF BIRTH:		NAME :	RTH:		
CITY/COUNTRY OF BIRTH:	NAME :				
CITIZEN OF:		_ CITIZEN OF:	:		
CITIZEN OF: PERMANENT RESIDENT OF:	· · · · · · · · · · · · · · · · · · ·	PERMANEN	T RESIDENT OF:		
GENDER: Male Female)		GENDER:	Male Female	
CHILD: (Last)	(First)	CHILD:	(Last)	(First)	
NAME:	(* ** * * *)	NAME:	(====,		
DATE OF BIRTH:		DATE OF BI	RTH:		
CITY/COUNTRY OF BIRTH:		_	TRY OF BIRTH:		
CITIZEN OF: PERMANENT RESIDENT OF:		_ CITIZEN OF:		 	
		_ PERMANEN	T RESIDENT OF:		
GENDER: Male Female	;		GENDER:	Male Female	
To bring family members to the U	S you must pro	ve that you have	the funds necessar	ing for the current of the	
family. You will need at least \$6,0					
study, over and above what you no					
reason for requesting employment					
statements, sponsor letters, etc. V				J = = = = ============================	
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Signature