

# UMCES SEVIS Exchange Visitor Information Form

New ☐

Renewal

Transfer

Family Name:

First Name:

Position Name:

Position / Search Number:

Gender: ☐ Male

☐ Female

Position In home Country:

EV Category:

Initial Program Date:

Initial IAP-66 / DS-2019 #:

Current Start Date:

Current End Date:

Subject/Field Description:

More Subject Field Descriptions:

Subject/Field Remarks:

During the period covered, what is the total estimated financial support (in U.S. dollars) to be provided to the exchange visitor \$

What amount will be provided by UM  \$

What amount will be provide by others \$

Please be sure to attach all necessary documentation for funding other than UM .

Name of person completing this form:

Date:

I certify that the funding information listed above is available for the entire period covering the following: \_\_\_\_\_

\_\_\_\_\_  
Supervisor (Print Name)

\_\_\_\_\_  
Signature and Date

\_\_\_\_\_  
Lab Director (Print Name)

\_\_\_\_\_  
Signature and Date

**Please send this form with copies of the Data Collection Form, Authorization to Offer Appointment, and Classification Action forms (if applicable), to Human Resources at UMCES Center Administration.**