



**George R. Muirhead Center for International Education
Central Connecticut State University**

EXCHANGE PARTICIPANT BIOGRAPHICAL INFORMATION FORM
Used for Completion of DS-2019 Form for J-1 Exchange Student Visa

Name: _____
First name Middle name Last name

Gender: Female Male

Permanent Address: _____

E-mail Address: _____

Date of Birth (*please write out, i.e. June 5, 1965*): _____

City of Birth: _____

Country of Birth: _____

Country of Citizenship: _____

Country of Legal Permanent Residence: _____

Area of Study: _____

Student type (check one) : Undergraduate Graduate

When will you study at CCSU (check one and enter year)?

Fall 20____ Spring 20____ Academic Year _____

Please keep original copy and return by fax to (860) 832-2047.