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.