

J-1 INDIVIDUAL TAXPAYER IDENTIFICATION NUMBER (ITIN) REQUEST

NOTE: Apply for an ITIN only if currently ineligible for a [Social Security Number \(SSN\)](#).

Scholar/Student Name: _____
Last Name First Name

SEVIS ID#: N _____ I-94 Card #: _____

Email Address: _____ Telephone #: _____

DS2019 Start Date: _____ DS2019 End Date: _____

Exchange Visitor Category (box #4 on DS2019): _____

Field of Research/Major: _____

Degree Objective (if applicable): Bachelor's Master's Doctorate

LOCAL U.S. ADDRESS

U.S. Street Address: _____ Apt. /Rm. #: _____

City: _____ State: _____ Zip Code: _____

REQUEST REQUIREMENTS

- You must provide copy of Fellowship, Scholarship or Grant Award letter.

I certify that the information above is true and correct to the best of my knowledge.

Scholar/Student Signature: _____

FOR OFFICE USE ONLY	INIT: _____	DATE: _____			
<input type="checkbox"/> Note	<input type="checkbox"/> Health Insurance	<input type="checkbox"/> Address	<input type="checkbox"/> Orientation	<input type="checkbox"/> Enrollment	<input type="checkbox"/> Holds