

J-1/J-2 IN-COUNTRY TRAVEL FORM

*This form must be submitted to the MUSC Center for Global Health **EACH TIME** a J-1 exchange visitor or J-2 dependent travels within the United States. All sections of this form must be completed, regardless of who is traveling.*

Exchange visitor name: _____

Non-MUSC e-mail address: _____

Persons traveling: J-1 exchange visitor only J-2 dependents only J-1 exchange visitor and J-2 dependents

Date leaving Charleston, SC (mm/dd/yyyy): _____

Date returning to Charleston, SC (mm/dd/yyyy): _____

Travel destination: _____

Travel purpose: _____

Signature _____ Date _____