



420 West 118th Street, 9th Floor, MC 3333, New York, NY 10027, USA  
Telephone: +1-212-854-2592 Fax: +1-212-749-1497  
Website: [www.columbia.edu/weai](http://www.columbia.edu/weai) E-mail: [weai@columbia.edu](mailto:weai@columbia.edu)

## Application for Robert M. Immerman Professional Fellows Program

To begin research on January 1st (Spring Semester) applications must be submitted by **October 1** of the preceding year. To begin research on September 1st (Fall Semester) applications must be submitted by **May 15** of that year. If accepted, applicants must submit a \$500 processing fee (in addition to regular program fees) due within two months of the program start date.

### Part I: Personal Information

First Name:

MI:

Last Name:

Email:

Date of Birth:

Gender:

M

F

**Current Address:** (Please list your home address and not your business address)

Street:

City:

State:

Zip Code:

Country:

Telephone:

Fax:

**Permanent Address:** (Please enter if different from your current address)

Street:

City:

State:

Zip Code:

Country:

Telephone:

Fax:

**Which address would you like to use for mailing purposes?**

Current

Permanent

Other

**If other, which address do you prefer?**

Street:

City:

State:

Zip Code:

Country:

Telephone:

Fax:

## Citizenship and Visa

Place of birth:

Country of Residence:

Country of Permanent Residence:

Has the applicant been in J exchange visitor status (J-1 or J-2) within the last two years?: Yes No

If yes, does the applicant have a two-year residency requirement to fulfill?: Yes No

Has the applicant been in the US in the last twelve months in J exchange visitor status?: Yes No

Does the applicant currently possess a U.S. Visa? Yes No

If so, which type?

Does the applicant currently possess a green card? Yes No

Is the applicant currently applying for a green card? Yes No

If accepted into the Robert M. Immerman Professional Fellows Program, the applicant will need to submit the identity page of his/her passport and those of any dependents. Applicants are required to declare visa and green card status.

## Academic History

Name of Institution	Graduation Date	Major/Concentration	Degree
---------------------	-----------------	---------------------	--------

## How did you hear about our program?

Professional Fellows Alumni

Name of alumni:

Columbia University Faculty

Search Engine

Other:

## Part II: Professional Information

Employer:

Professional Title:

### Office Address

Street:

City:

State:

Zip Code:

Country:

Telephone:

Fax:

## Part III: Application

### Program Category:

Professional Fellow

Professional Associate

### Program Length:

Six Months

One Year

**Proposed Program Period:** \_\_\_\_\_ to \_\_\_\_\_

Please note that the fall semester begins in September and the spring semester begins in January.

**Research Topic:**

## Part IV: Dependent Information

Dependents include spouses and children. Please note that extended family members are ineligible to receive J-2 status. All dependents should be listed on the initial application. Failure to list dependents may impact our offices ability to correctly complete the DS-2019 application form for the J-1 visa. Please note that if your family intends to accompany you, an additional \$1,000 per month for your spouse and \$500 per month per child is required for financial proof to comply with U.S. government regulations.

First Name	Last Name	Relationship	Date of Birth	City, Country of Birth	Country of Citizenship
------------	-----------	--------------	---------------	------------------------	------------------------