

DUKE UNIVERSITY, MEDICAL CENTER, HEALTH SYSTEM AND AFFILIATED INSTITUTIONS

Durham, North Carolina, U.S.A.

Visa Services
Box 90790
Location: Smith Warehouse: Bay 7-1st Floor
114 S. Buchanan Blvd. Box 90790 Durham, NC 27708

Telephone: 919-681-8472
681-VISA
Facsimile: 919-681-8492
E-mail: visahelp@mc.duke.edu

CONFIRMATION OF STATUS FORM

PART I (to be completed by the student or scholar)

A. Information about you:

Family Name: Given Name:
Duke Unique ID Number:
Date of Birth: Country of Birth:
Telephone/E-mail:

B. Information about your relative(s):

If more than two relatives plan to visit, please list the relevant information about them on a separate piece of paper.

Relative # 1

Family Name: Given Name:
Relationship: (i.e. parent, aunt)
Date of Birth: Country of Birth:
Proposed dates of visit:
Reason for visit:

Relative # 2

Family Name: Given Name:
Relationship: (i.e. parent, aunt)
Date of Birth: Country of Birth:
Proposed dates of visit:
Reason for visit:

PART II (to be completed by your department)

I hereby confirm that the individual named above holds the position of _____
in the _____ and that he/she is in good standing.
(Duke Department/Office/School/Institute/Center)

Name and Title _____

Telephone _____

Signature _____ Date: _____

PART III (to be completed by the Visa Services)

I hereby confirm that the individual named above is currently in the U.S. in the nonimmigrant visa status of
_____ and that his/her current visa documents will expire on _____

Name and Title _____

Signature _____ Date _____

Please complete Part I of this confirmation form. Your department must then complete Part II. After Parts I & II have been completed, bring this form, your automated I-94 printout, passport, and visa documents (I-20, DS-2019, I-797) to Visa Services. Visa Services will complete Part III and return the forms to you.