Office of Scholars, Interns, and Professionals

1200 Getty Center Drive, Suite 1100
Los Angeles, CA 90049-1688
Tel 310 440 6660 Fax 310 440 7782
E-mail osip@getty.edu www.getty.edu/osip

GRADUATE INTERN QUESTIONNAIRE

Please print clearly and complete all applicable questions. If an item does not apply to you, mark with "n/a." The information requested below is strictly confidential and used for internal purposes only. It will enable us to correctly process your payment, determine your visitor status for tax purposes and apply for any tax exemption treaties on your behalf.

_____ ☐ Male ☐ Female
Prof./Dr./Mr./Ms./Mrs. Last Name (Family Name) First Name Middle Name

_____
Name at Birth, if different Date of Birth (mm/dd/yy) City of Birth

_____
Country of Birth Country of Citizenship Country of Legal Permanent Residence

_____
Home Mailing Address (your permanent place of residency – No P.O. boxes)

_____
City State Postal Code Country

_____
Home Phone Mobile Number E-Mail Address

_____
U.S. Address (if any)

_____
U.S. City State Postal Code

_____
U.S. Phone U.S. Fax Number U.S. E-Mail Address

U.S. Social Security Number (SSN) (if any): _____ Individual Taxpayer Identification Number (ITIN) (if any):_____

What will your relationship with the Getty be during your residency? ☐Researcher/Intern/Scholar ☐ Other (please specify):_____

What type of payment will you receive from the Getty? ☐ Grant/Fellowship/Stipend – No Services Required ☐Travel ☐ Other (please describe):_____

_____ _____
Estimated date of arrival to the U.S. related to this Getty visit? (mm/dd/yy) Estimated date of departure from the U.S.? (mm/dd/yy)

What type of visa will you use for your activity at the Getty?
☐ J-1 Visa: Professor, Research Scholar, Trainee, Short-Term Scholar, or Specialist ☐ H-1B Visa Employee ☐ B-1 Visa Business Visitor
☐Employment Authorization Document (EAD) Applicant ☐ Canadian Citizen ☐Other: _____
☐U.S. citizen, Permanent Resident or Immigrant (green card holder) ☐ WB/WT Visa Waiver Program

Please complete if you currently have a visa:_____ _____ _____ _____
Current Visa Type Visa Number Issue Date (mm/dd/yy) Expiration Date (mm/dd/yy)

Do you anticipate being in the U.S. more than 180 days this calendar year? ☐ Yes ☐ No Passport Number*:_____

*Please include a copy of the information page of your passport along with this questionnaire. Disregard if you are a U.S. citizen or permanent resident.

If you are not a U.S. citizen, permanent resident or immigrant, have you been in the U.S. prior to your visit to the Getty? ☐ Yes* ☐ No
*If yes, please approximate the total number of days physically present in the U.S. for each of the last 7 individual calendar years beginning with the current year.

Calendar Year	Number of Days	Type of Visa	Visa Category	Calendar Year	Number of Days	Type of Visa	Visa Category
Example:							
2006	***40***	***J-1***	***Research Scholar***				

Have you attended and/or are you currently attending a U.S. educational institution? Please disregard if you are a U.S. citizen or permanent resident.

☐ Yes* ☐ No *If yes, please provide the following information:

_____ _____
Name of Institution Period of Attendance

I hereby certify that the information submitted on this form and accompanying documentation is true, correct and complete to the best of my knowledge. If I receive an extension of my visa status or if my visa/immigration status changes, I will notify the person that requested this form.

The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

_____
Signature Date (mm/dd/yy)

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Additional Addresses

Office Mailing Address (if any) Institution

City State Postal Code Country

Office Phone Office Fax Number E-Mail

Non-U.S. Address (If you are not a U.S. citizen or permanent resident but are currently living in the U.S., please provide an address in your country of citizenship)

City State Postal Code

Non-U.S. Phone Non-U.S. Fax Number

Other Address (if any)

City State Postal Code

Other Phone Other Fax Number

Preferred Mailing Address: ☐ Home ☐ Office ☐ U.S. ☐ Non-U.S. ☐ Other

If you have any special mailing instructions for the Office of Scholars, Interns and Professionals, please describe your needs below:
(example: "I will be available in my office until June 30. After that time, I will be at my home address.")

Additional Information

Your preferred first and last name as you would like for it to appear on Getty staff lists, badge, etc: _____

At what level do you speak English? ☐ Native Speaker ☐ Fluent ☐ Some ☐ Other

What other languages do you speak?_____

Current Work Information

Field of Study/Specialty:_____

Current Position (Enter <u>one</u> selection and its corresponding number from the list below):_____

115. Professionals and Scientists in Central Government

125. Professionals and Scientists in Regional Government

135. Professionals and Scientists in City or Town Government

143. Employee of International Organization

213. University Teaching Staff including Researchers

214. University Graduate Students

215. University Undergraduate Students

219. University, Others (Please specify)

242. Special School, Institute, or Vocational Teacher of Staff

315. Professionals or Scientists in Private Business

320. Self-Employed Professionals

334. Employee of Independent Institution or Corporation

411. Artist (Graphic Arts)

412. Author (Playwright, Poet)

414. Film (or Stage) Producer

415. Composer or Musician

419. Arts, Other (Please specify)

631. Film Maker

Spouse/Partner Information

Marital Status: ☐ Not Married ☐ Married

Will any of your family members travel with you to Los Angeles and remain for most or all of your stay? ☐ Yes* ☐ No
*If yes, please specify who below and complete the following sections on the next page.

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GRADUATE INTERN QUESTIONNAIRE

Spouse/Partner Information (continued)

Prof./Dr./Mr./Ms./Mrs. Last Name First Name ☐ Male ☐ Female

Middle Name Date of Birth (mm/dd/yy)

City of Birth Country of Birth Country of Citizenship

Country of Legal Permanent Residence Passport Number * (please disregard if your spouse/partner is a U.S. citizen)

*Please E-mail a copy of the information page of your spouse's passport to osip@getty.edu . Disregard if he/she is a U.S. citizen or permanent resident.

Child/Dependent Information

If you have children/dependents, will they travel with you to Los Angeles and remain for the entire stay? ☐ Yes * ☐ No
*If yes, please complete the child/dependents sections below and E-mail a copy of the information page from the passports of each of your children or dependents to osip@getty.edu. Disregard if he/she is a U.S. citizen or permanent resident.

Child/Dependent #1

Last Name (Family Name) First Name Middle Name ☐ Male ☐ Female

Date of Birth (mm/dd/yy) City of Birth

Country of Birth Country of Legal Permanent Residence Country of Citizenship

Will your child/dependent need to be enrolled in school? ☐ Yes* ☐ No *If yes, please complete the following section

☐ Pre-school (age 2-4) ☐ Elementary (age 5-10) ☐ Middle School (age 11-14) ☐ High School (age 15-18)

Child/Dependent #2

Last Name (Family Name) First Name Middle Name ☐ Male ☐ Female

Date of Birth (mm/dd/yy) City of Birth

Country of Birth Country of Legal Permanent Residence Country of Citizenship

Will your child/dependent need to be enrolled in school? ☐ Yes* ☐ No *If yes, please complete the following section

☐ Pre-school (age 2-4) ☐ Elementary (age 5-10) ☐ Middle School (age 11-14) ☐ High School (age 15-18)

If you have additional children or dependents, please check the preceding box, complete the form included in the following link and send it to osip@getty.edu :
http://www.getty.edu/osip/pdfs/further_dependents.pdf

Emergency Contact Information

Please provide names and telephone numbers of contacts not coming with you to Los Angeles to notify in case of an emergency.

Contact Last Name Contact First Name Contact Telephone Alternate Telephone

Contact Last Name Contact First Name Contact Telephone Alternate Telephone

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Personal Information Release – *Not Required*

I authorize the Getty to release the information related to my activities and circumstances at the Getty, to the individuals listed below:

Name	Relationship	Name	Relationship
Name	Relationship	Name	Relationship

Car Information

Will you have a car at the Getty? ☐Yes* ☐ No *If yes, and you know the vehicle information please fill out the rest of this section

License Plate #	Year	Make	Model	Color

Use of Likeness

In consideration of participation in Getty-related activities, I hereby agree and consent that photographs, video and audio recordings of me, my voice, likeness and appearance created by representatives of the Getty may be used by the Getty for performance, publication, reproduction or any other lawful purpose in any medium.

Signature Date (mm/dd/yy)