



# GRADUATE INTERN QUESTIONNAIRE

Office of Scholars, Interns, and Professionals  
 1200 Getty Center Drive, Suite 1100  
 Los Angeles, CA 90049-1688  
 E-mail: [osip@getty.edu](mailto:osip@getty.edu)  
[www.getty.edu/osip](http://www.getty.edu/osip)

Please print clearly and complete all applicable questions. If an item does not apply to you, mark "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.

**SECTION A – Individual Information**

1. Prof./Dr./Mr./Ms./Mrs. \_\_\_\_\_ 2. Last Name \_\_\_\_\_ 3. First Name \_\_\_\_\_ 4. Middle Name \_\_\_\_\_ 5. Gender:  F  M  X

6. Name at Birth, if different \_\_\_\_\_ 7. Date of Birth (mm/dd/yyyy) \_\_\_\_\_ 8. City of Birth \_\_\_\_\_

9. Country of Birth \_\_\_\_\_ 10. List all Countries of Citizenship \_\_\_\_\_ 11. Country of Legal Permanent Residence \_\_\_\_\_

12. Permanent Residence Address (No P.O. boxes) \_\_\_\_\_ 13. City \_\_\_\_\_ 14. State \_\_\_\_\_ 15. Postal Code \_\_\_\_\_

16. Home Phone Number \_\_\_\_\_ 17. Mobile Number \_\_\_\_\_ 18. Personal E-Mail \_\_\_\_\_

19. U.S. Address (if any) \_\_\_\_\_ 20. City \_\_\_\_\_ 21. State \_\_\_\_\_ 22. Postal Code \_\_\_\_\_

23. What will your relationship with the Getty be during your residency?  
 Researcher/Intern/Scholar  Guest Speaker/Consultant/Independent Contractor  Other – please describe: \_\_\_\_\_

24. What type of payment will you receive from the Getty?  
 Grant/Fellowship/Stipend – no services required  Travel  Other – please specify: \_\_\_\_\_

25. Indicate & Include U.S. tax identification number (if any).  
**If you do not have an SSN or ITIN, please proceed to Section B.** U.S. Social Security Number (SSN) \_\_\_\_\_ Individual Tax Identification Number (ITIN) \_\_\_\_\_

**SECTION B – Resident Status** (U.S. citizens & permanent residents only need to complete question 1 for this section)

1. My status in the United States will be (mark only one box):  
 US Citizen, Permanent Resident, Immigrant (green card holder)  Employment Authorization Document (EAD) Applicant  
 H-1B Visa Employee, B-1 Visa Business Visitor  WB/WT Visa Waiver Program (ESTA)  
 J-1 Visa: Professor, Research Scholar, Intern, Short-Term Scholar, or Specialist  Canadian Citizen, Other: \_\_\_\_\_

2. What is your estimated date of arrival to the U.S. related this Getty visit? (mm/dd/yyyy) \_\_\_\_\_

3. What is your estimated date of departure from the U.S.? (mm/dd/yyyy) \_\_\_\_\_

4. Do you anticipate being in the U.S. more than 180 days this year?  Yes  No

5. Passport Number: \_\_\_\_\_ \*Please e-mail a copy of the information page of your passport to [osip@getty.edu](mailto:osip@getty.edu)

6. Please complete if you currently have a visa:  
 Current Visa Type \_\_\_\_\_ Visa Number \_\_\_\_\_ Issue Date (mm/dd/yyyy) \_\_\_\_\_ Expiration Date (mm/dd/yyyy) \_\_\_\_\_

7. Have you attended and/or currently attending a U.S. educational institution? *If yes, please provide the following information:*

Name of Institution	Period of Attendance
_____	_____

8. Have you been in the U.S. prior to your visit to the Getty? ***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
<i>Example:</i> 2016	40	J-1	Trainee	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

**ALL APPLICANTS PLEASE SIGN BELOW:**

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/yyyy) \_\_\_\_\_

**SECTION C - Additional Information**

1. The name you would prefer to have listed on: Getty staff lists, your badge, your log in for Getty network systems and your e-mail. Please type this name below:

\_\_\_\_\_

First Last

2. At what level do you speak English?  Native Speaker  Fluent  Basic 3. What other languages do you speak? \_\_\_\_\_

**SECTION D - Additional Addresses**

1. Office Mailing Address (if any) \_\_\_\_\_ 2. Name of Institution \_\_\_\_\_ 3. Office Phone \_\_\_\_\_

4. City \_\_\_\_\_ 5. State \_\_\_\_\_ 6. Postal Code \_\_\_\_\_ 7. Country \_\_\_\_\_

8. Non-U.S. Address \_\_\_\_\_ 9. City \_\_\_\_\_ 10. State \_\_\_\_\_ 11. Postal Code \_\_\_\_\_  
*If you are not a U.S. citizen or permanent resident but currently living in U.S., please provide an address in your home country of citizenship*

12. Non-U.S. Phone \_\_\_\_\_ 13. Non-U.S. Mobile Number \_\_\_\_\_ 14. Alternative E-Mail \_\_\_\_\_

15. Other Address (if any) \_\_\_\_\_ 16. City \_\_\_\_\_ 17. State \_\_\_\_\_ 18. Postal Code \_\_\_\_\_

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

20. 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 the office until June 30. After that time, I will be at my home address."*

\_\_\_\_\_

\_\_\_\_\_

**SECTION E - Current Work Information**

1. Field of Study/Specialty: \_\_\_\_\_

2. Current Position (Enter **ONE** selection and its corresponding number from the list below): \_\_\_\_\_

115. Professional and Scientists in Central Government	215. University Undergraduate Students	412. Author (Playwright, Poet)
125. Professionals and Scientists in Regional Government	219. University, Others (please specify)	414. Film (or Stage) Producer
135. Professionals and Scientists in City or Town Government	242. Special School, Institute, or Vocational Teacher of Staff	415. Composer or Musician
143. Employee of International Organization	320. Self-Employed Professionals	419. Arts, Other (please specify)
213. University Teaching Staff including Researchers	334. Employee of Independent Institution or Corporation	631. Film Maker
214. University Graduate Students	411. Artist (Graphic Arts)	

**SECTION F - Family Information**

1. Marital Status:  Not Married  Married

2. 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 list which family member and their length of stay below. Then, if applicable, please proceed to sections G and H.*

\_\_\_\_\_

\_\_\_\_\_

**SECTION G - Family Information – Spouse/Partner Information**

*\*Please e-mail a copy of the passport information page to [osip@getty.edu](mailto:osip@getty.edu). Disregard if spouse/partner is a U.S. citizen or permanent resident.*

1. Prof./Dr./Mr./Ms./Mrs. \_\_\_\_\_ 2. Last Name (Family Name) \_\_\_\_\_ 3. First Name \_\_\_\_\_ 4. Middle Name \_\_\_\_\_ 5. Gender:  F  M  X

2. Date of Birth (month/date/year) \_\_\_\_\_ 6. City of Birth \_\_\_\_\_ 7. Country of Birth \_\_\_\_\_ 8. List of all Countries of Citizenship \_\_\_\_\_

9. Country of Legal Permanent Residence \_\_\_\_\_ 10. Passport Number \_\_\_\_\_ 11. E-Mail \_\_\_\_\_

### SECTION H - Family Information - Child/Dependent Information

1. If you have children/dependents, will they travel with you to Los Angeles and remain for the entire stay?  Yes\*  No  
 2. \*If yes, please let us know the names and information of all children/dependents who will be accompanying you on your trip and complete the following sections below and please e-mail a copy of the passport information page to [osip@getty.edu](mailto:osip@getty.edu). **Disregard if child/dependent is a U.S. citizen or permanent resident.**

#### Child/Dependent #1

1. Last Name (Family Name) \_\_\_\_\_ 2. First Name \_\_\_\_\_ 3. Middle Name \_\_\_\_\_ 4. Gender:  F  M  X

5. Date of Birth (month/date/year) \_\_\_\_\_ 6. City of Birth \_\_\_\_\_ 7. Country of Birth \_\_\_\_\_ 8. List of all Countries of Citizenship \_\_\_\_\_

9. Country of Legal Permanent Residence \_\_\_\_\_ 10. Passport Number \_\_\_\_\_ 11. E-Mail \_\_\_\_\_

12. 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

1. Last Name (Family Name) \_\_\_\_\_ 2. First Name \_\_\_\_\_ 3. Middle Name \_\_\_\_\_ 4. Gender:  F  M  X

5. Date of Birth (month/date/year) \_\_\_\_\_ 6. City of Birth \_\_\_\_\_ 7. Country of Birth \_\_\_\_\_ 8. List of all Countries of Citizenship \_\_\_\_\_

9. Country of Legal Permanent Residence \_\_\_\_\_ 10. Passport Number \_\_\_\_\_ 11. E-Mail \_\_\_\_\_

12. 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)

### SECTION I - Emergency Contact Information

\_\_\_\_\_ Contact Name \_\_\_\_\_ Contact Telephone \_\_\_\_\_ Alternate Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_

\_\_\_\_\_ Contact Name \_\_\_\_\_ Contact Telephone \_\_\_\_\_ Alternate Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_

### SECTION J - Personal Information Release – not required

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Name: \_\_\_\_\_ Relationship: \_\_\_\_\_



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**ALL APPLICANTS PLEASE SIGN BELOW:**

<b>Use of Likeness</b> In consideration of participation in Getty-related activities, I hereby agree and consent that biographical information, photographs, video and audio recordings of me, my voice, likeness, and appearance created by representatives of the Getty may be distributed and used by the Getty for performance, publication, reproduction or any other lawful purpose in any media now known or hereinafter devised.		
_____	_____	_____
Signature	Print Name	Date (mm/dd/yyyy)

**\*\* ATTENTION NON-U.S. RESIDENT / NON-PERMANENT RESIDENT\*\***  
**PLEASE E-MAIL THE INFORMATION PAGE OF EACH RELEVANT PASSPORT AND THE MOST RECENT CURRICULUM VITAE TO OSIP@GETTY.EDU**