



TRAINEE PROGRAM

The Swedish-American Chambers of Commerce of the United States of America, Inc.

INTERN/TRAINEE CHECK-IN FORM

Immediately after your arrival in the U.S. please send this Check-In Form to Cecilia Kullman, ck@sacc-usa.org together **with a copy of your DS-2019 form, visa and I-94.**
If you fail to submit this within 10 days of your arrival there may be a SEVIS reinstatement fee.

Name:

Company:

Street or P.O. Box:

City:

State:

Zip code:

Telephone number at the company:

Supervisor:

Home street address in the U.S.:

City:

State:

Zip code:

Private number in the U.S.:

Private email in the U.S.:

City of entry:

Date of entry in the U.S. as holder of a J-1 Visa:

(mm/dd/yyyy)

Expiration date of the visa:

(mm/dd/yyyy)

(Please enclose a copy of the front and the back page of your I-94 card)

At which American Consulate did you receive your J-1 Visa?

How long did it take to receive the J1-Visa? day(s)

Did you encounter any problems receiving the J-1 Visa? Yes No

If yes, please explain:

Did you encounter any problems at the immigration office or at the customs? Yes No

If yes, please explain:

SACC-USA

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