



J-1 EXCHANGE VISITOR INFORMATION FORM

TO BE COMPLETED BY PROSPECTIVE J1 EXCHANGE VISITOR

The following information is required in order to facilitate issuance of the federally required DS-2019 Form, the Student and Exchange Visitor Information System (SEVIS) document(s) necessary to obtain the J-1 visa.

- Please email this completed form to Ms. Joy Werka, Scholar Advisor, at Joy.Werka@uah.edu.

A. PERSONAL INFORMATION

Principal Visitor (J-1) Name as written in passport:

Last/Family: _____ First/Given: _____ Middle: _____

Date of Birth: _____ Gender: Female Male
Month / Day / Year

City **and** Country of Birth (Place of Birth): _____

Country of Citizenship: _____ Legal Resident Country: _____

Position in home country (be specific): _____
(Example: Student, University professor, Researcher, Government Employee, etc.)

Level of Education & Degree *(example: PhD. In Physics)*: _____

Email Address: _____ Phone Number: _____

B. FUNDING INFORMATION

Adequate funding must be documented in order to be eligible for the J-1 Exchange Visitor Program. Travel funds and monthly living expenses can come from a single or multiple sponsors and must equal at least \$1,200 per month or \$14,400 per year. Please list all funding from government, personal, employer, scholarship, or other sources below. **Do not list sponsorship from The University of Alabama in Huntsville. It will be listed on departmental request materials.** Include source, amount (specifying currency) and attach documentation of funding for all non-UAH support:

C. INSURANCE INFORMATION

All participants of the J Exchange Visitor Program are required to have medical insurance that covers the exchange visitor and all accompanying family members for the entire period of stay in the United States. Health Insurance for all J-1 and J-2 Visa holders must include:

- Medical benefits of at least \$100,000 per accident or illness
- A deductible not to exceed \$500 per accident or illness
- Expenses associated with the medical evacuation of the exchange visitor to his/her home country in the amount of \$50,000
- Repatriation of remains in the amount of \$25,000
- Exchange visitors may also be subject to the requirements of the Affordable Care Act

To comply with the regulation, the Office of International Services must receive a copy of the medical insurance card or policy showing validity dates and coverage terms. Please note, failure to obtain or keep adequate health coverage during the entire duration of the exchange will result in the termination of the Exchange Visitor's program.

D. DEPENDENT INFORMATION

Adequate funding must be documented in order for UAH to issue form DS-2019 for eligible dependents to obtain J-2 dependent visas. UAH requires documentation of a minimum of an additional \$500 a month or \$6000 per year for EACH dependent (spouse or children **under 21**).

How many family members will accompany you? _____

Spouse (J-2) Name as written in passport:

Last/Family: _____ First/Given: _____ Middle: _____

Date of Birth: _____ Gender: Female Male
Month / Day / Year

City **and** Country of Birth (Place of Birth): _____

Country of Citizenship: _____ Legal Resident Country: _____

Child (J-2) Name as written in passport:

Last/Family: _____ First/Given: _____ Middle: _____

Date of Birth: _____ Gender: Female Male
Month / Day / Year

City **and** Country of Birth (Place of Birth): _____

Country of Citizenship: _____ Legal Resident Country: _____

Child (J-2) Name as written in passport:

Last/Family: _____ First/Given: _____ Middle: _____

Date of Birth: _____ Gender: Female Male
Month / Day / Year

City **and** Country of Birth (Place of Birth): _____

Country of Citizenship: _____ Legal Resident Country: _____

[If additional space is needed, please attach information on a separate sheet.]

D. PREVIOUS VISA HISTORY

1. Have you held a J-1 or J-2 immigration status at any time in the past 12 months? Yes No
Give dates and locations of all previous visits in last two years. Use separate sheet if necessary.

[Attach copies of all DS-2019 Forms; if currently in U.S., also attach copy of I-94.]

2. Have you ever been in the U.S. in any other nonimmigrant OR immigrant status before? Yes No
Please list visa status, dates and locations of all previous visits.

[Attach copies of approval notices, passport visa pages or Alien Registration Cards.]

E. ADDRESS OUTSIDE OF THE U.S.

Home Address: _____ (Street, building, apt., etc.)
Province or State: _____ City: _____
Country: _____ Postal Code: _____
Phone Number(s): _____ (including international calling code)

To what address do you want the DS-2019 Form mailed?

Same as above Address below (Please note, Federal Express will not deliver to P.O. Boxes.)

Mailing Address (if different): _____ (Street, building, apt., etc.)
Province or State: _____ City: _____
Country: _____ Postal Code: _____

F. UAH HOST DEPARTMENT INFORMATION

Faculty name: _____ Email: _____

G. ATTESTATION OF PROGRAM REQUIREMENTS AND UAH CODE OF CONDUCT

TO: Joy Werka, Alternate Responsible Officer
FROM: UAH Cultural Exchange Program Participant
SUBJECT: Department of State Bureau of Educational and Cultural Affairs Agreement and UAH Code of Conduct

I have been made aware of the Federal Requirements for health insurance set forth by the Department of State, Bureau of Educational and Cultural Affairs for Cultural Exchange Program participants. According to regulations found on Page 287-288 of the Code of Federal Regulations [Title 22 – FOREIGN RELATIONS, Volume 1 CHAPTER I – DEPARTMENT OF STATE, PART 62 – EXCHANGE VISITOR PROGRAM, Subpart A -- General Provisions, Section 62.14 Insurance] (Final Rule CITE: 22CFR62.14), I understand that I have to meet all the requirements for myself and all family members to maintain status and I intend to do so. I understand that if I do not comply with these regulations while a participant in the Cultural Exchange Program at The University of Alabama in Huntsville, the Responsible Officer is required to notify the Department of State (DOS) Student and Exchange Visitor Information System (SEVIS) of my (as well as my dependents) continued willful non-compliance and terminate my participation in the program. I agree to purchase appropriate health insurance for myself and any dependents to satisfy the federal requirements of the J-1 Exchange Visitor Program upon arrival on campus.

Furthermore, I agree to comply with federal, state, and local laws as well as abide and comply with the policies and procedures of The University of Alabama in Huntsville listed at this web address:
<https://www.uah.edu/policies>.

Name printed: _____ Signature: _____ Date: _____