

J-1 STUDENT REQUEST FORM
REQUEST FOR DS-2019, TRAVEL SIGNATURE, OR EXTENSION

Please submit this form to the Center for International Education **with required documentation**.

Name: _____ UT ID Number: _____ SEVIS Number: _____

Degree Program/Non-degree: _____ Major Department: _____

Current address: _____

E-Mail address: _____ Phone Number(s): _____ Passport expiration: _____

NOTE: IF THERE ARE ANY UNIVERSITY HOLDS ON YOUR RECORD, CIE WILL NOT SIGN OR ISSUE A DS-2019. PLEASE CLEAR ALL HOLDS BEFORE REQUESTING A DS-2019.

Purpose of Form/Signature: (check all that apply)

_____ Re-entry to U.S. after visit abroad; approximate date of departure from U.S.: _____

approximate date of re-entry to U.S.: _____

Will you require a new visa? _____ Yes _____ No

_____ Separate entry of dependent(s) (**Complete dependent information on back**)

Number of dependents entering at this time: _____

Approximate date of dependent entry: _____

_____ Extension of J-1 status
(**Please attach extension request form signed by academic advisor**)

_____ Other: _____

Source(s) of financial support (Only if adding dependent(s) or requesting extension)
PLEASE ATTACH FINANCIAL DOCUMENTATION!!!

Amounts below are _____ per year or _____ for the period of the extension (Check one)

<u>Source</u>	<u>Amount</u>
UT Assistantship Department: _____	_____
Scholarship Source: _____	_____
Personal/Family Funds	_____
Other: _____	_____

Dependent Information [REQUIRED for ALL STUDENTS]
(Please check one! If left blank, DS-2019 will not be signed):

_____ I will not have any dependents with J-2 status

_____ Dependent information is given on the back of this form [Back of form must also be signed.]

Health Insurance Information

Current Health Insurance Company: (Check one)

_____ UT Student Group Policy (Paid to UT Bursar or provided by graduate assistantship)

_____ Other (Give Name of Company and Dates of Validity): _____

Attach documentation of insurance if not UT Policy

Plans for future insurance coverage while in J-1 status: (Check one)

_____ Same as above

_____ Other: _____

I understand that U.S. law requires me to maintain adequate health insurance for myself AND MY DEPENDENTS at all times while I am in J-1 status. I understand that the Center of International Education must approve any health insurance if it is not the UT student group policy. I understand that my J-1 program will be terminated if I do not continuously maintain the required insurance.

Signature

Date

DEPENDENT INFORMATION

Please list all J-2 dependents who are presently in the U.S. or will be joining you. Dependents not listed here will not be included in your SEVIS record and may not enter or remain in the U.S. in J-2 status.:

Name _____ Relationship: _____ Male/Female: _____

Date of Birth _____ City/County of Birth _____ Passport Expiration: _____

Country of Citizenship _____ Country of Permanent Residence: _____

Name _____ Relationship: _____ Male/Female: _____

Date of Birth _____ City/County of Birth _____ Passport Expiration: _____

Country of Citizenship _____ Country of Permanent Residence: _____

Name _____ Relationship: _____ Male/Female: _____

Date of Birth _____ City/County of Birth _____ Passport Expiration: _____

Country of Citizenship _____ Country of Permanent Residence: _____

Name _____ Relationship: _____ Male/Female: _____

Date of Birth _____ City/County of Birth _____ Passport Expiration: _____

Country of Citizenship _____ Country of Permanent Residence: _____

Name _____ Relationship: _____ Male/Female: _____

Date of Birth _____ City/County of Birth _____ Passport Expiration: _____

Country of Citizenship _____ Country of Permanent Residence: _____

Dependent Insurance Information

I have maintained insurance for the dependents listed above since their arrival in the U.S., and I will continue to maintain insurance coverage as follows:

Please provide information about insurance for entire period of J-2 status. (Attach separate page if necessary.)

IMPORTANT: Attach documentation of current insurance.

Company: _____

Date of first enrollment: _____ Date of expiration: _____

Company: _____

Date of first enrollment: _____ Date of expiration: _____

If my dependents are not currently in the U.S., I certify that I will purchase the above insurance within three days after arrival in the U.S. I understand that this insurance is separate from my own insurance, and that the current cost is \$ _____ per month. I also understand that my legal status will be terminated if I do not maintain insurance for my dependents.

Signature of J-1 Student

Date