



PROCEDURE & INSURANCE ACKNOWLEDGMENT

Exchange Visitors should complete this form and attach passport ID page(s), proof of financial support, if not supported entirely by Vanderbilt funds, and send the completed form with supporting documentation to your hiring department.

All Exchange Visitors are required to maintain adequate health insurance coverage for themselves and their dependent(s) while residing in the U.S. Detailed information is provided in writing by ISSS and discussed during orientation. Willful violation of this regulation will result in program termination. Please sign below acknowledging this regulation.

Signature

Date

PERSONAL DATA

Form containing personal data fields: LAST/FAMILY NAME, First/Given Name, Middle Name, Date of Birth, Gender, U.S. Social Security Number, City of Birth, Country of Birth, Country of Citizenship, Country of Legal Perm Residence, Current Address, City, State or Province, Country, Zip Code, Phone Number, E-mail Address, Home Country Occupation / Profession, Home Country Employer Category.

IMMIGRATION

Form containing immigration questions and data: Are you presently in the U.S., Current Immigration Status, I-94 number, Immigration Start Date, Expiration date, Home residency requirement, No objection letter, U.S. presence in past 24 months, Institution Issuing DS-2019, DS-2019 Category, Program Start Date, Program End Date, Medical benefits, Permanent Resident filing.

DEPENDENTS

PLEASE PROVIDE ALL OF THE FOLLOWING INFORMATION FOR EACH FAMILY MEMBER THAT WILL ACCOMPANY YOU TO U.S. ON J-2 (DEPENDENT) VISAS. TO QUALIFY FOR J-2 VISAS, THE INDIVIDUAL MUST BE YOUR HUSBAND, WIFE, OR CHILD (UNMARRIED, UNDER 21 YEARS OLD).

SPOUSE (submit copies of marriage certificate and passport ID pages)

_____ LAST/FAMILY NAME, capitalized	_____ First/Given Name	_____ Middle Name
_____ Date of Birth: Month, Day, Year	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____ U.S. Social Security Number
_____ City of Birth	_____ Country of Birth	
_____ Country of Citizenship	_____ Country of Permanent Residence	
_____ Status, if currently in the U.S.	_____ Approximate Date of Arrival, if not entering with the EV	

CHILD (submit copy of passport ID pages)

_____ LAST/FAMILY NAME, capitalized	_____ First/Given Name	_____ Middle Name
_____ Date of Birth: Month, Day, Year	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____ U.S. Social Security Number
_____ City of Birth	_____ Country of Birth	
_____ Country of Citizenship	_____ Country of Permanent Residence	
_____ Status, if currently in the U.S.	_____ Approximate Date of Arrival, if not entering with the EV	

CHILD (submit copy of passport ID pages)

_____ LAST/FAMILY NAME, capitalized	_____ First/Given Name	_____ Middle Name
_____ Date of Birth: Month, Day, Year	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____ U.S. Social Security Number
_____ City of Birth	_____ Country of Birth	
_____ Country of Citizenship	_____ Country of Permanent Residence	
_____ Status, if currently in the U.S.	_____ Approximate Date of Arrival, if not entering with the EV	

CHILD (submit copy of passport ID pages)

_____ LAST/FAMILY NAME, capitalized	_____ First/Given Name	_____ Middle Name
_____ Date of Birth: Month, Day, Year	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____ U.S. Social Security Number
_____ City of Birth	_____ Country of Birth	
_____ Country of Citizenship	_____ Country of Permanent Residence	
_____ Status, if currently in the U.S.	_____ Approximate Date of Arrival, if not entering with the EV	