VANDERBILT UNIVERSITY

J-1 Exchange Visitor Personal Information Form

INTERNATIONAL STUDENT & SCHOLAR SERVICES

PROCEDURE & INSURANCE ACKNOWLEDGMENT

Exchange Visitors should complete this form and attach passport ID page(s), proof of English proficiency (if applicable), and proof of financial support if not supported entirely by Vanderbilt funds, and send the completed form with supporting documentation to your hiring department. Proof of financial support for issuance of the DS-2019 should show an **annual minimum of $16,400 for yourself an additional $7,200 for your spouse, and an additional $3,600 per child.**

If you have taken the TOEFL (minimum score: 550 paper; 213 computer-based; 79 internet-based test) or IELTS (minimum score: 6.5) test and received a passing score you will need to submit your test results along with this form. If you have not taken an English language test but have signed documentation of your English proficiency from an English Language School or from an English instructor from an academic institution please attach the documentation along with this form before sending to your department.

Exchange Visitor's currently in the U.S. on a J-1 visa must complete the SEVIS Transfer Form.

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

LAST/FAMILY NAME, capitalized _____ First/Given Name _____ Date of Birth: Month, Day, Year _____

☐ Male or ☐ Female ☐ Married or ☐ Single

City of Birth _____

Country of Birth _____ Country of Citizenship _____ Country of Legal Perm Residence _____

Current Address (foreign or U.S.) _____ City _____ State or Province _____

Country _____ Zip Code _____

Phone Number _____ E-mail Address _____

Home Country Occupation / Profession _____

Home Country Employer Category (check one):

☐ Academic ☐ Arts ☐ Communications ☐ Private Company

☐ Government (Please specify: ☐ Central, ☐ State/Regional, ☐ City)

☐ Other _____

IMMIGRATION

Are you presently in the U.S.? ☐ Yes ☐ No

If Yes, Current Immigration Status: _____ I-94 number: _____

Immigration Start Date: _____ Expiration date: _____

If currently in J status, do you have medical benefits of at least: $100,000 per accident or illness, $25,000 for repatriation, $50,000 for medical evacuation, and $500 or less deductible for yourself and your dependent(s)? ☐ Yes ☐ No

Have you been in the U.S. in J-1 or J-2 status within the past 24 months? ☐ Yes ☐ No **If yes, attach copies of all previous DS-2019s.**

If ever in J status are you subject to the 2-year home residency requirement? ☐ Yes ☐ No

If ever subject to this rule, have you received a no objection letter? ☐ Yes ☐ No If Yes, what is case#_____

Have you ever filed to become a Permanent Resident of the U.S.? ☐ Yes ☐ No

DEPENDENTS

PLEASE PROVIDE ALL OF THE FOLLOWING INFORMATION FOR EACH FAMILY MEMBER THAT WILL ACCOMPANY YOU TO U.S. ON A 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 _____ First/Given Name _____ ☐ Male ☐ Female

Date of Birth: Month, Day, Year _____ City of Birth _____ Country of Birth _____

E-mail Address _____ Country of Citizenship _____ Country of Permanent Residence _____

CHILD (submit copy of passport ID pages)

LAST/FAMILY NAME _____ First/Given Name _____ ☐ Male ☐ Female

Date of Birth: Month, Day, Year _____ City of Birth _____ Country of Birth _____

E-mail Address _____ Country of Citizenship _____ Country of Permanent Residence _____

CHILD (submit copy of passport ID pages)

LAST/FAMILY NAME _____ First/Given Name _____ ☐ Male ☐ Female

Date of Birth: Month, Day, Year _____ City of Birth _____ Country of Birth _____

E-mail Address _____ Country of Citizenship _____ Country of Permanent Residence _____

CHILD (submit copy of passport ID pages)

LAST/FAMILY NAME _____ First/Given Name _____ ☐ Male ☐ Female

Date of Birth: Month, Day, Year _____ City of Birth _____ Country of Birth _____

E-mail Address _____ Country of Citizenship _____ Country of Permanent Residence _____