

I AGREE TO AND FULLY UNDERSTAND THE FOLLOWING REQUIREMENTS:

1. I understand it is my responsibility to maintain health insurance for myself and for any J-2 dependents **at all times, no matter what**. EVS is obligated to cancel my visa status and send me home if I allow either my or my J-2 dependents' health insurance to lapse at any time. I also understand that my health insurance must meet at least the minimum requirements for the J-1 program.
2. I will notify EVS within 10 days of changing my address. I will also make sure that EVS has my current email address at all times.
3. I will immediately notify EVS if anything about my program changes. I understand that failing to notify EVS of any changes to my program **30 days** prior to any change could endanger my J-1 visa status. These changes include, but are not limited to:
 - a. Changing my program dates (leaving early or staying longer),
 - b. Moving to a new department and/or changing my worksite,
 - c. Any changes in funding, or
 - d. Participating in any activities not included in my UF offer letter, including, but not limited to: attending conferences, enrolling in classes, or working/volunteering outside of UF.
4. I will notify EVS in advance about trips I will take outside of the United States. I understand that EVS will not authorize my travel unless I have health insurance for myself and any J-2 dependents effective for the full duration of the trip.

I have read and understand the above requirements. I have asked an EVS representative for clarification of any requirement which I did not understand. I understand and will be responsible for the above requirements of maintaining my J-1 visa status.

Signature of J-1 Scholar: _____ Date: _____