

J-1 Nonimmigrant Questionnaire

State law requires us to inform you that you are entitled to:

1. Request from us information collected about yourself on this form; with a few exceptions provided by law.
2. Receive and review that information.
3. Have the information corrected at no charge.

Biographical Information

Name
First Middle Last

All Other Names Used

Date of Birth Male Female

City of Birth Country of Birth

Country of Citizenship Permanent Residence

Addresses & Phone Number

Email Address Phone Number

Mailing Address

Address 1

Address 2

City

Province/State

Zip/Postal Code

Country

Permanent Foreign Address

Address 1

Address 2

City

Province/State

Zip/Postal Code

Country

Background Information

Have you ever held J-1 status? No Yes

If yes, include copies of DS-2019s or other evidence of your J-1 or J-2 status and answer the following:

What category?

When?

Are you subject to the 212(e) two-year home residence rule? No Yes

If yes, have you received for a waiver of the 212(e) rule? No Yes

Current Position/Title in Home Country

Funding Information

Provide information on how your stay at Texas A&M University will be funded.

For information on funding requirements visit our [website](#).

Source	Amount
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Insurance Requirements

As an Exchange Visitor to the United States you must carry health insurance for yourself and your J-2 dependents for the full duration of your J program. Government regulations stipulate that if you willfully fail to carry health insurance for yourself and your dependents, the J-1 sponsor must terminate your program and report this termination to the US Department of Homeland Security.

You can read about the importance of health insurance and how medical insurance works on our [website](#).

Minimum acceptable coverage MUST provide:

- Medical benefits of at least \$50,000 per accident or illness;
- Repatriation of remains in the amount of \$7,500;
- Expenses associated with medical evacuation of the exchange visitor to his/her home country in the amount of \$10,000; and,
- A deductible not to exceed \$500 per accident or illness.

IFSS reserves the right to conduct periodic health insurance audits throughout the year. You will be notified by email and asked to send us proof of coverage.

Dependent Information

Dependents are spouses and unmarried children under the age of 21. Provide the information below for each dependent that will travel with you in J-2 status. In addition, include copies of each dependent's passport identification page.

First Name	Last Name	Relationship	Date of Birth	City of Birth	Country of Birth
		<input type="text"/>			<input type="text"/>
		<input type="text"/>			<input type="text"/>
		<input type="text"/>			<input type="text"/>
		<input type="text"/>			<input type="text"/>
		<input type="text"/>			<input type="text"/>

Provide additional information we should be aware of on a separate sheet.

I have read and understood this questionnaire. The information I have provided is true to the best of my knowledge.

I have read the health insurance requirements for J-1 and J-2 visitors. I am aware that I must maintain insurance coverage for myself and all J-2 dependents for the duration of my J-1 program. I understand that failure to maintain this coverage for myself and all J-2 dependents will result in the termination of my J-1 program.

Signature

Date