



DEPENDENT INFORMATION

Number of accompanying dependents (spouse, child/ren (under the age of 21), who will accompany the J-1 Visitor: _____
 You can add your dependents at any time after you arrive at UTSA. Separate J-2/DS-2019 forms will be issued for each dependent. **A copy of each dependent's passport must be attached to this form.**

Use additional sheets if necessary.

	DEPENDENT 1	DEPENDENT 2	DEPENDENT 3
Last name			
First name			
Middle name			
Date of birth			
City of birth			
Gender			
Relationship (spouse or child)			
Country of birth			
Country of citizenship			
Country of Legal Permanent Residence			

INSURANCE INFORMATION

All J-1 and J-2 Exchange Visitors must maintain medical, evacuation and repatriation insurance coverage as listed below. Evidence of insurance coverage must be presented at your Orientation and must be for the entire expected period of J-1 program participation. Your SEVIS record will not be validated until you provide International Scholar Services with evidence of insurance coverage.

- (1) Medical benefits of at least U.S. \$100,000 per person per accident or illness;
- (2) Repatriation of remains in the amount of U.S. \$25,000; and
- (3) Expenses associated with medical evacuation in the amount of U.S. \$50,000.

* Items (2) and (3) are not covered by UTSA staff health insurance plan. A separate policy must be purchased by the J-1 Exchange Visitor.

A willful failure to maintain insurance requirements is considered to be a violation of the Exchange Visitor Program and may result in immediate termination of your program participation. By checking the box below, you agree to comply with all J-1 Regulations.

I hereby certify that I am aware of the health insurance requirement and that my dependents, if applicable and I will comply with the health insurance requirement. Furthermore, I understand that I must provide proof of insurance for health, repatriation and evacuation when I report to International Scholar Services for my scheduled Orientation. Insurance will be purchased for the entire period of my J-1 program as indicated on the DS-2019. I understand that my program participation will not begin until I provide this information to International Scholar Services.

Part II. Exchange Visitor's Program Information
TO BE COMPLETED BY UTSA INVITING/SPONSORING DEPARTMENT

UTSA Inviting Department: _____

Projected Dates of Program Participation: Begin Date: _____ End Date: _____

Choose J-1 visa category:

Academic disciplinary field of Construction/Research/Study/Visa *:

Brief description and field of activity that the Exchange Visitor will engage in under this program:

The Exchange Visitor will (please type in box)

Total Financial Arrangements per federal regulations must cover the requested period of stay indicated above. (The minimum amount of funding must total \$1,500/month for the J-1, plus an additional \$500/month for a J-2 spouse and an additional \$300/month for each J-2 child.)

UTSA Funding

UTSA Health Insurance Benefits Eligible: Yes No

Note: If UTSA provides health insurance benefits, the Exchange Visitor must purchase separate Evacuation and Repatriation insurance.

Total UTSA Funding: Amount: \$ _____ (List for entire J-1 period. If not funded by UTSA, insert "0")

UTSA Funding Department: _____

If **UTSA-funded**, will the Exchange Visitor be paid from or work on any grant-funded projects? Yes No

If yes, please list the grant account number(s): _____

Non-UTSA Funding

Supporting financial documents, such as bank statements or letter of sponsorship, must be attached to this request form for all non-UTSA funding. All documents must be in ENGLISH and include U.S. currency. **DS-2019 documents MAY NOT be issued without complete documentation supplied first.**

If non-UTSA funded:

Total Non-UTSA funding: Amount: \$ _____ Organization: _____

Total Non-UTSA funding: Amount: \$ _____ Organization: _____

Total Non-UTSA funding: Amount: \$ _____ Organization: _____

Total Personal Funding: Amount: \$ _____ Relationship, Check all that apply: Self Family Other

Total (including all sources): Amount: \$ _____

UTSA Inviting Department Contact Information (to whom the Exchange Visitor will report):

Name: _____ Title: _____

Ext. _____ E-mail: _____ Department: _____

Administrative Assistant: _____ Ext. _____

The UTSA inviting department contact person will be notified by e-mail once the J-1 visa packet is prepared.

Choose delivery method for the packet below:

Department pick up at the Office of International Programs front desk Campus Mail to Department

The UTSA inviting department must mail the J-1 packet to the Exchange Visitor in his or her home country via courier service, such as DHL or FedEx.

List any expected outcome(s) of the visit (technique learned, publication, final report, etc.):

