



J-1 Exchange Visitor (EV) Information Form

*Please complete all fields and return the completed form along with all required documents to: Dr. Titilola Adewale, Director of International Programs, Ferguson 221, Phone (903) 886-5097, Email Titilola.Adewale@tamuc.edu . **ALL INFORMATION BELOW IS REQUIRED.***

Name

First Middle Family Name

Date of Birth (mm/dd/yyyy) Male Female

City of birth Country of birth

Country of citizenship

Permanent Residence

Address & Phone Number

Email Address Phone Number

Mailing Address

City Province/State

Country Zip/Postal Code

Permanent Foreign Address (if different from above address)

City Province/State

Country Zip/Postal Code

Background Information

Have you ever held J-1 status? Yes No

If yes, include copies of DS-2019's, visa, I-94, or other documentation for J-1 status.

What category of J-1? Short-term Scholar Research Scholar/Professor
 Student Student Intern Other

When?

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

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

Current Position/Title in Home Country

Funding Information: Please provide information on how your stay at Texas A&M University-Commerce will be funded. For information on the funding requirements visit our [website](#).

Source Amount

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Insurance Requirements: As an Exchange Visitor in the United States you must carry medical and repatriation/evacuation insurance for yourself and your J-2 dependents for the duration of your J-1 program. Department of State regulations state that if you willfully fail to carry medical and repatriation/evacuation insurance for yourself and your dependents, the J-1 sponsor must terminate your program and report this termination to the Department of Homeland Security.

Minimum acceptable coverage:

- Medical benefits of at least \$100,000 per accident or illness
- Repatriation of remains in the amount of \$25000
- Expenses associated with medical evacuation of the exchange visitor to his/her home country in the amount of \$50,000
- A deductible not to exceed \$500 per accident or illness

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.

Name

	First	Middle	Family	
Relationship	<input type="text"/>	<input type="text"/>	<input type="text"/>	Date of Birth (mmddyyyy) <input type="text"/>
City of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	Country of Birth <input type="text"/>

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