

J-1 SCHOLAR PERSONAL INFORMATION FORM
To be completed by prospective exchange visitor

The following documents must be completed by prospective exchange visitor with the following documents:

1. Copy of your passport bio page and the passport of any dependents
2. Copy of your curriculum vitae/resume
3. Financial documents no older than six months from the date of submission
 - \$3,500 per month (\$42,000 must be verified for a calendar year)
 - Plus, dependent costs (if applicable):
 - \$1,500 per month for spouse or \$750 per child
4. Certified copy of academic degree
5. A personal statement (identifying the reasons to leave the U.S. after program completion)

Part I: Scholar's Personal Information

Name should appear exactly as in the passport

Family Name: _____

Given Name(s): _____ Middle Name(s): _____

Gender: Male Female Date of Birth: _____ (MM/DD/YYYY)

Phone Number: _____ Email: _____

Permanent Home Country Address

Street 1: _____

Street 2: _____

City: _____ State/Province: _____

Country: _____ Postal Code: _____

Mailing Address (if different than permanent address)

Street 1: _____

Street 2: _____

City: _____ State/Province: _____

Country: _____ Postal Code: _____

Country of Birth: _____ City of Birth: _____

Country of Citizenship: _____

Country of Legal Permanent Residency: _____

Emergency Contact (in your home country)

Name: _____ Relationship: _____

Phone Number: _____ Email: _____

Emergency Contact (in the United States – if any)

Name: _____ Relationship: _____

Phone Number: _____ Email: _____

Part 2: Financial Information

J-1 exchange visitors must demonstrate sufficient funds to cover the estimated expenses associated with their exchange program. To find the current estimates that IPS uses for DS-2019 issuance, please review the IPS website.

Please use the table below to outline your funding sources and to help you determine the amount you must demonstrate in personal funds or from a personal sponsor, if any. Official documentation for each source must be provided. This means all letters must on official letterhead, bank letters or statements can be no older than 6 months and must be in English.

Funding Source	Description	Amount
University of the Pacific		
U.S. government		
Visitor's government		
Other sources		
Personal Funds		
Total Funding		

Part 3: Dependent Information

If any of your family members (spouse and/or children) will be accompanying you to the U.S. and will require J-2 dependent status, please provide the following information (please note that a separate Form DS-2019 will be issued to each dependent). Please ensure that the financial documents submitted with the application demonstrate that you have sufficient funds to cover the estimated expenses. To find the current estimates that IPS uses for DS-2019 issuance, please review the IPS website. A copy of each dependent's passport also must be submitted before a dependent DS-2019 can be issued.

Dependent 1:*Name as it appears in the passport*

Family Name: _____

Given Name(s): _____ Middle Name(s): _____

Gender: Male Female Date of Birth: _____ (MM/DD/YYYY)

Country of Citizenship: _____ Country of Birth: _____

Country of Legal Permanent Residence: _____

Relationship to You: Spouse Child**Dependent 2:***Name as it appears in the passport*

Family Name: _____

Given Name(s): _____ Middle Name(s): _____

Gender: Male Female Date of Birth: _____ (MM/DD/YYYY)

Country of Citizenship: _____ Country of Birth: _____

Country of Legal Permanent Residence: _____

Relationship to You: Spouse Child**Part 4: Immigration History**

1. If you are currently in the U.S., what is your current immigration status? _____
Include a copy of your I-94 and the appropriate immigration document (Form 1-20, Form DS-2019, H1B approval notice, etc).

2. Have you previously been in the U.S. as a J-1/J-2 Exchange Visitor? Yes No

If yes, what status did you hold: J-1 J-2 J-1 Category: _____

3. Duration of the J status participation: From _____ to _____ (MM/DD/YYYY)

4. Two-Year Home Country Requirement (if applicable)

a. Have you ever applied for a waiver of the two-year home country requirement? Yes No

b. If yes, have you received an approval/denial notice from DOS or USCIS? Yes No

Health Insurance Compliance Form

The Department of State (DOS) has established minimum requirements for sickness and accident insurance (including evacuation and repatriation) for J-1 Exchange Visitors and their J-2 dependents. All Exchange Visitor and their dependents are required to maintain such insurance coverage throughout the duration of their program. Failure to maintain the required health insurance coverage identified in the Code of Federal Regulations [22 CFR 62.14] will lead to the loss of legal immigration status and expulsion from Pacific's exchange visitor program.

As of 15 May 2015, the insurance policy must at a minimum be:

1. Eligible for
 - a. Medical benefits of at least \$100,000 per accident or illness,
 - b. Repatriation of remains in the amount of \$25,000,
 - c. Expenses associated with the medical evacuation of the exchange visitor to his or her home country in the amount of \$50,000, and
 - d. A deductible not to exceed \$500 per accident or illness;
2. and Underwritten by an insurance corporation with an A.M. Best rating of "A-" or above, an Insurance Solvency International, Ltd. (ISI) rating of "A-I" or above, a Standard and Poor's Claims Paying Ability rating of "A-" or above, or a Weiss Research, Inc. rating of B+ or above; or
3. Backed by the full faith and credit of the government of the exchange visitor's home country; or
4. Part of a health benefits program offered on a group basis to employees or enrolled students by a designated sponsor; or
5. Offered through or underwritten by a federally qualified Health Maintenance Organization or eligible Competitive Medical Plan as determined by the Centers for Medicare and Medicaid Services of the U.S. Department of Health and Human Services.

Exchange Visitors and their dependents may be subject to the requirements of the Affordable Care Act [22 CFR 62.14(a)].

J-1 exchange visitors must sign and submit the following statement prior to or upon arrival at Pacific:

I understand the DOS insurance requirements and confirm that I (and any accompanying J-2 dependents) have or will obtain (within 30 days of arrival) the required insurance coverage and maintain this coverage for the duration of my exchange program.

I also understand that if I fail to purchase the appropriate insurance coverage, the Office of International Programs and Services is obligated by federal law to terminate me from its J-1 Exchange Visitor Program. This act results in my immediate loss of legal immigration status.

Name: _____

Date: _____ (MM/DD/YYYY)

Signature: _____

Phone Number: (____) _____