Please check appropriate response:

- Travel Signature for Reentry on DS-2019. Destination: ___________________________ Travel Dates: ___________________________
- Check if you or anyone on your behalf filed for or received legal permanent residency (green card)
- Check if you are traveling without your J-2 dependents
- Travel Signature for Reentry on Dependent DS-2019
- Replacement - check one: [ ] lost [ ] stolen [ ] damaged [ ] travel
- Other, please specify: ___________________________

By signing below, I certify that the information I have provided on this form is complete and accurate. The University of Minnesota requires all international scholars and accompanying dependents to purchase a University of Minnesota health insurance plan. Authorized exceptions to this requirement are issued in form of a waiver by the Office of Student Health Benefits. I and any eligible J-2 dependents have the following insurance plan - Check one:

- University of Minnesota Student Health Benefit Plan - SHBP (Office of Student Health Benefits: 612-624-0627)
- University of Minnesota employee UPlan (HR Employee Benefits: 612-624-9090)
- Other U.S.-based employer-sponsored health plan approved ("waived") by the Office of Student Health Benefits

Scholar's Signature ___________________________ Month Day Year

ISSS will complete this section:

- Verified information on form, discussed travel (if applicable)
- I-94 admission stamp shows J-1 D/S

International student adviser initials ___________________________

Adviser Comments ___________________________

Ready by: ___________________________