J-1 SCHOLAR SERVICE REQUEST FORM
FOR RESEARCH SCHOLARS, PROFESSORS, SHORT-TERM SCHOLARS
AND STUDENT-INTERNS

GENERAL INFORMATION

Scholar/student-intern should complete the section below.

1. Name
   Family name
   First name
   Middle

2. U of M ID#    3. SEVIS ID #

4. Email        5. Phone

6. Birthdate
   Month   Day   Year

7. Country of Citizenship

8. DS-2019 expiration date
   Month   Day   Year
   Passport expiration date
   Month   Day   Year
   Visa expiration date
   Month   Day   Year

9. Has financial information changed?  Yes (submit additional application)  No

10. Has internship changed (student-interns only)?  Yes (submit additional application)  No

10. If J-2 dependent exists, are they still in the U.S.?  Yes  No  N/A

REQUEST

Scholar/student-intern should complete the section below.

Please check appropriate response:

☐ Travel Signature for Reentry on DS-2019. Destination:

☐ 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, student-interns, 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

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

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Ready by: 11/2016