ISSS International Student & Scholar Services

J-1 SCHOLAR SERVICE REQUEST FORM

FOR RESEARCH SCHOLARS, PROFESSORS, SHORT-TERM SCHOLARS AND STUDENT-INTERNS

UNIVERSITY OF MINNESOTA

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	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 ad	ditional application) No
10. Has internship changed (student-interns only)?	es (submit additional application)
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: Travel Dates:	
Check if you or anyone on your behalf filed for or received legal permanent residency (green card)	
Check if you are traveling <i>without</i> 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.Sbased employer-sponsored health plan approved ("waived") by the Office of Student Health Benefits	
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Signature ISSS will complete this section:	Month Day Year
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Verified information on form, discussed travel (if applicab	le)
Verified insurance coverage: SHBP/UPIan	
International student adviser initials	
Adviser Comments	
INTERNATIONAL STUDENT & SCHOLAR SERVICES ●190 Humphrey, 301 - 19th Avenue S Minneapolis, MN 55455 U.S.A. (612) 626-7100 ● Fax (612) 626-7361 ● isss@umn.edu ● isss.umn.edu	
	Ready by: JH 12/2016