

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?, 10. Has internship changed?, 10. If J-2 dependent exists...

REQUEST

Scholar/student-intern should complete the section below.

Please check appropriate response:

Request checkboxes: Travel Signature for Reentry on DS-2019, Check if you or anyone on your behalf filed for or received legal permanent residency, 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)
Verified insurance coverage: SHBP/UPlan

International student adviser initials

Adviser Comments