



Montclair State University

International Services

Voice: 973-655-6862 Fax: 973-655-7726

Web site: www.montclair.edu/international

INTERNATIONAL J -1 STUDENT/SCHOLAR INFORMATION SHEET

Please check one

New Application: ____ **Transfer:** ____ **Check-In:** ____

Update Information: ____ (*Personal* ____ *Immigration* ____ *Financial* ____ *Department* ____ *Dependent* ____)

Personal Information (*Please type or print clearly*)

Name: (as in passport ID page): _____
Family Name *Given Name* *Middle Name*

All other Names used (including maiden name, if applicable): _____

Date of Birth: ____/____/____ Gender: *Male* ____ *Female* ____ Marital Status: *Married* ____ *Single* ____
mo day yr

Country of Birth: _____ City/Province of Birth: _____ Country of Citizenship: _____

U.S. Home Address (*if in the U.S.*): _____
Street *Apartment*

City *State* *Zip*

Telephone: _____ Fax: _____ Email: _____

Foreign Address (HOME): _____
Street

City *Country/Province* *Zip/Postal Code*

Telephone: _____ Fax: _____ Email: _____

Job Title in Home Country: _____ Employer's Name/Address: _____

Immigration Information

Passport Number: _____ Passport Issue Date: ____/____/____ Passport Expiration Date: ____/____/____
mo day yr *mo day yr*

Have you ever held a J-1 visa status? YES ____ NO ____ (*if YES please provide dates and copies of all previously issued DS-2019*)
From: _____ To: _____

(Please complete the following ONLY if currently in the United States)

Date of last arrival: _____ Current visa status: _____ Expires on: _____

I-94 number (white card in your passport): _____ I-94 Expiration Date: ____/____/____ D/S: ____
mo day yr

Visa Number (*red number on visa*): _____ Visa Control Number: _____

Visa Expiration Date: ____/____/____ Place of Visa Issuance: _____ Date of Visa Issuance: ____/____/____
mo day yr *mo day yr*

Highest Degree Completed Associates _____ Bachelors _____ Masters _____ PhD. _____

Financial Information (please provide original copies of all financial documents)

Personal Funds: \$ _____ Government Funds (U.S.) \$ _____
Family Funds: \$ _____ Government Funds (Foreign) \$ _____
MSU Funds: \$ _____ Other: \$ _____
TOTAL from all sources: \$ _____

Department Information (If currently in the United States)

Name of the Department: _____ Campus Address: _____
Faculty Advisor/Supervisor: _____ Phone: _____ Email: _____
Administrative Contact Name: _____ Phone: _____ Email: _____

Dependent Information (ONLY if they will accompany you to the U.S.)

1. Name: (as in passport ID page): _____
Family Name *Given Name* *Middle Name*

Date of Birth: ____/____/____ Gender: *Male* ____ *Female* ____ Relationship _____
mo day yr

Country of Birth: _____ City/Province of Birth: _____ Country of Citizenship: _____

Passport Number: _____ Passport Issue Date: ____/____/____ Passport Expiration Date: ____/____/____
mo day yr mo day yr

If inside the U.S., please indicate date of last arrival: _____ Current visa status: ____ Expires on: _____

Visa Expiration Date: ____/____/____ Visa Issue Date: ____/____/____ Place of Visa issuance: _____
mo day yr mo day yr

I-94 number (white card in passport): _____ I-94 Expiration Date: ____/____/____ D/S: ____
mo day yr

2. Name: (as in passport ID page): _____
Family Name *Given Name* *Middle Name*

Date of Birth: ____/____/____ Gender: *Male* ____ *Female* ____ Relationship _____
mo day yr

Country of Birth: _____ City/Province of Birth: _____ Country of Citizenship: _____

Passport Number: _____ Passport Issue Date: ____/____/____ Passport Expiration Date: ____/____/____
mo day yr mo day yr

If inside the U.S., please indicate date of last arrival: _____ Current visa status: ____ Expires on: _____

Visa Expiration Date: ____/____/____ Visa Issue Date: ____/____/____ Place of Visa issuance: _____
mo day yr mo day yr

I-94 number (white card in passport): _____ I-94 Expiration Date: ____/____/____ D/S: ____
mo day yr

Applicant's Name _____ Signature _____ Date _____

MEDICAL INSURANCE COMPLIANCE AGREEMENT

Exchange visitors are required by law to have medical insurance in effect for themselves and any accompanying spouse and dependents on J visas. The insurance must be maintained for the duration of their program. Our office provides insurance brochures that meet the requirement or you may obtain your own coverage as long as it meets the requirements. If you wish assistance for an insurance program, please visit our office upon arrival so we can advise you.

NOTE: *Medical insurance policies generally do not cover pre-existing medical conditions. If you have a health condition that may require treatment in the U.S., you may be required to pay cash for such treatments.*

Minimum Coverage Required:

1. Medical Benefits of at least \$50,000 per person per accident or illness
2. Repatriation of remains in the amount of \$7,500
3. Expenses associate with medical evacuation in the amount of \$10,000

Please answer the following questions:

I do attest that I will comply with the terms and conditions of the J-1/J-2 mandatory health insurance requirements as outlined above.

_____ YES _____ NO

I understand that I jeopardize my Exchange Visitor status if I fail to comply.

_____ YES _____ NO

Your Name: _____ Signature: _____ Date: _____

