

**INTERNATIONAL FACULTY & SCHOLARS**

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[www.international.arizona.edu/ifs](http://www.international.arizona.edu/ifs)

## Course Permission Request & J-1 Status Verification

In order to complete the J-1 status verification below, please present this form at the International Faculty & Scholars office with proof of current health insurance coverage meeting the minimum requirements set forth in 22 CFR 62.14 for yourself and any applicable J-2 dependents, regardless of whether or not those dependents are currently in the United States.

### Biographical Information

J-1 Exchange Visitor Name: \_\_\_\_\_

UA Department: \_\_\_\_\_

UA Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

US Telephone Number: \_\_\_\_\_

### Course Information

Course 1 Name: \_\_\_\_\_ Course Number: \_\_\_\_\_

Course 2 Name: \_\_\_\_\_ Course Number: \_\_\_\_\_

Course 3 Name: \_\_\_\_\_ Course Number: \_\_\_\_\_

Course 4 Name: \_\_\_\_\_ Course Number: \_\_\_\_\_

### Exchange Visitor & Departmental Attestation

*I attest that the above-named J-1 Exchange Visitor is currently participating in the program activities outlined in Part 4 of their most recent form DS-2019. Further, I attest that the above-named J-1 Exchange Visitor is maintaining health insurance coverage meeting the minimum requirements set forth in 22 CFR 62.14 for themselves and any applicable J-2 dependents, regardless of whether or not those dependents are currently in the United States. Finally, I attest that the above-named J-1 Exchange Visitor's participation in the above-mentioned courses will not interfere with their program activities and, if program participation is affected, the courses must be dropped, and the International Faculty & Scholars office must be notified immediately.*



International Faculty  
& Scholars



\_\_\_\_\_  
Date: \_\_\_\_\_

Signature, Exchange Visitor

\_\_\_\_\_  
Date: \_\_\_\_\_

Signature, Faculty Sponsor (as listed on Exchange Visitor's most recent DS-2019 request)

**J-1 Status Verification**

\_\_\_\_\_  
Date: \_\_\_\_\_

Signature, International Scholar Advisor