

INTERNATIONAL FACULTY & SCHOLARS

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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.





Signature, Exchange Visitor

Date: _____

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

Date: _____

J-1 Status Verification

Signature, International Scholar Advisor

Date: _____