INTERNATIONAL FACULTY & SCHOLARS

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Course Permission Request & J-1 Status Verification

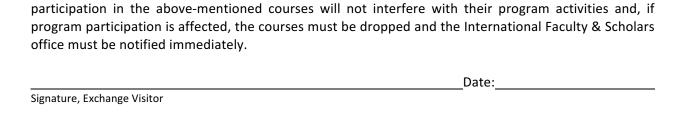
In order to complete the J-1 status verification below, please present this form at the International Faculty & Scholars office with proof of current health insurance coverage meeting the minimum requirements set forth in 22 CFR 62.14 for yourself and any applicable J-2 dependents, regardless of whether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

Biographical Information J-1 Exchange Visitor Name: UA Department: UA Email Address: Home Address: US Telephone Number: Course Information Course 1 Name: Course 2 Name: Course 3 Name: Course 4 Name: Course 4 Name: Course Number: Course Number: 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





J-1 Status Verification

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

Date:

Signature, International Scholar Advisor

