



**INTERNATIONAL FACULTY & SCHOLARS**

888 N. Euclid Avenue, Room 301GI  
P.O. Box 210158  
Tucson, AZ 85721  
Tel: (520) 626-6289  
Fax: (520) 621-2757  
Contact: uaifs@email.arizona.edu  
global.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.

\_\_\_\_\_  
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: \_\_\_\_\_