



J-1 Nonimmigrant Questionnaire

State law requires us to inform you that you are entitled to:

1. Request from us information collected about yourself on this form; with a few exceptions provided by law.
2. Receive and review that information.
3. Have the information corrected at no charge.

Biographical Information

Name
First Middle Last

All Other Names Used

Date of Birth Male Female

City of Birth Country of Birth

Country of Citizenship Permanent Residence

Addresses & Phone Number

Email Address Phone Number

Mailing Address where you would like to receive your DS-2019(s)

Address

City

Province/State

Zip/Postal Code

Country

Permanent Foreign Address

Address

City

Province/State

Zip/Postal Code

Country

Emergency Contact

Provide the name, phone number, and email address of someone in your home country to contact in the event of an emergency

Background Information

Have you ever held J-1 status? No Yes

What category?

Start date

End Date

Your Current Position/Title in Your Home Country

Funding Information

Provide information on how your stay at Texas A&M University will be funded.

For information on funding requirements visit our [website](#).

Source	Amount
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Dependents

Dependents are spouses and unmarried children under the age of 21. If you plan to bring your dependents to the US with you, please complete the Request for DS-2019s for Dependents form found on our [website](#).

Insurance Requirements

As an Exchange Visitor to the United States you must carry health insurance for yourself and your J-2 dependents for the full duration of your J program. Government regulations stipulate that if you willfully fail to carry health insurance for yourself and your dependents, the J-1 sponsor must terminate your program and report this termination to the US Department of Homeland Security.

You can read about the health insurance requirement on our [website](#).

ISFS reserves the right to conduct periodic health insurance audits throughout the year. You will be notified by email and asked to send us proof of coverage.

Provide additional information we should be aware of on a separate sheet.

I have read and understood this questionnaire. The information I have provided is true to the best of my knowledge.

I have read the health insurance requirements for J-1 and J-2 visitors. I am aware that I must maintain insurance coverage for myself and all J-2 dependents for the duration of my J-1 program. I understand that failure to maintain this coverage for myself and all J-2 dependents will result in the termination of my J-1 program.

Signature _____

Date _____