

J-1 REGISTRATION FORM

Please complete this form as soon as you and your dependents (if applicable) arrive to the US in J-1/J-2 status. If you do not have dependents, please mark “N/A” in the appropriate box. Please note that all fields are required. Once complete, please **print** and **sign** the form and **submit** it to your college immigration representative.

When you submit the form, you **must** provide the following documentation for you and your dependents (if applicable):

- Copy of you and your dependent(s) **DS-2019 with consular stamp**;
- Copy of you and your dependent(s) **I-94 record(s)**;
 Note: The I-94 is accessible online at <https://i94.cbp.dhs.gov/I94/#/recent-search>
- Copy of you and your dependent(s) **J visa(s)**; and
- Copy of you and your dependent(s) **entry stamp in your passport**. (if stamped)

IMPORTANT: Your registration is not considered complete until the form AND required documentation is submitted to your college immigration representative. Failure to submit your documentation may result in the cancellation of your J-1 Exchange Visitor Program.

Section 1: Personal Information

J-1 Scholar Information

Family Name	Given Name	
Country of Birth	Date of Birth	SEVIS ID Number (on DS-2019)

Residential Address

(must be in the US)

Street Address	Apt/Unit #	
City	State	Zip Code
Primary Email Address	Telephone Number (must be a US number)	

J-2 Dependent Information

Do you have any J-2 dependents?	Yes	No	N/A
Are your dependents currently in the US?	Yes	No	N/A
If your dependents did not arrive with you, when will they be arriving? Please provide an approximate date.			

(continue to page 2)

By signing below, I certify that I have read Page 2 of my DS-2019 and signed the Exchange Visitor Certification on Page 1 of the document. I understand that it is my responsibility to maintain my J-1 status and to notify the Office of Faculty Advancement if any of the following changes:

- Residential address in the U.S.;
- Email address;
- Telephone number;
- Program completion date (only if completing your program prior to the end date on your DS-2019);

Signature

Date

Section 2: Health Insurance Memorandum of Understanding

I understand that the U.S. Department of State requires me and all of my J-2 dependent family member(s) to have the following minimum health insurance coverage throughout my stay:

1. Medical benefits of at least \$100,000 per accident or illness;
2. Repatriation of remains in the amount of \$25,000;
3. Medical evacuation expenses in amount of \$50,000; and
4. A deductible not to exceed \$500 per accident or illness.

I understand that the regulations require San Diego State University to notify the U.S. Department of State, Exchange Visitor Program Services, and terminate my J-1 status if they determine that I or my family members willfully fail to comply with the health insurance requirements.

I have been informed about the health insurance requirements and the need to maintain the insurance for myself and all of my family member(s) throughout my stay at San Diego State University.

Signature

Date