



J-1 Student Intern Information Form

J-1 Student Intern: Please submit all of the following documentation to your University of Colorado, Boulder host department:

- ☐ J-1 Student Intern Information Form
- ☐ Copy of your passport biodata page
- ☐ [Certification of Academic Status](#)— Signed by the intern's academic advisor or dean at the overseas institution
- ☐ Funding documentation for duration of the internship if you will not be funded completely by CU Boulder
 - e.g., scholarship letter, bank letter/statement, [affidavit of support](#) and bank letter
- If applicable: ☐ Sufficient TOEFL iBT or IELTS test results from past two years
- If J-2 dependents will accompany you on the program: ☐ Copy of each dependent's passport biodata page

STUDENT INTERN INFORMATION

Last/ Family Name: _____ (as listed in passport machine readable zone)
 First/Given & Middle Name: _____ (as listed in passport machine readable zone)
 Date of Birth: _____ Sex: ☐ Female ☐ Male
 Month/ Day / Year
 City of Birth: _____ Country of Birth: _____
 Country of Citizenship: _____ Country of Legal Permanent Residence: _____
 Name of Overseas University/Institution the Intern is Currently Pursuing a Degree at: _____

Level of Current Overseas Degree: ☐ Bachelor's ☐ Master's ☐ Doctorate

Academic Field of Current Overseas Degree: _____

Current Email Address: _____ Phone: _____

University of Colorado Host Department: _____

University of Colorado Host Faculty: _____

J-1 FUNDING INFORMATION

Federal regulations require J-1 Student Intern programs to verify that a J-1 intern has sufficient funding to cover expenses for the duration of the J-1 program (including dependent expenses if applicable). The University estimates the minimum amount of funding necessary to cover living expenses is:

- J-1 Intern: \$22,140/ year / \$1845/month
- J-2 Spouse: \$11,076/ year / \$923/month (in addition to J-1 intern funding)
- Each J-2 Child: \$10,572/year / \$881/month (in addition to J-1 intern and if applicable spouse funding)

CU Boulder J-1 program duration is: _____ years and/or _____ months

I will be accompanied by: ☐ No dependents ☐ J-2 Spouse ☐ J-2 Child ☐ # _____ J-2 Children

The total funds required to participate in the J-1 program for the full duration noted above is: \$ _____

Please attach official documentation of funding on letterhead, in English, and dated within the last 6 months.

EMERGENCY CONTACT INFORMATION

Contact does not have to be in the U.S. and does not have to speak English.

☐ Mr. ☐ Ms. _____ ☐ Speaks English ☐ Speaks _____
 First Name Last Name

Relationship to You: ☐ Parent ☐ Spouse ☐ Other: _____

Home/Cell Phone: _____ Work Phone: _____ Email: _____

PREVIOUS J STATUS

Have you visited the U.S. in J status within the last 24 months?

☐ No (Skip to the next section)

☐ Yes—I am/was a ☐ J-1 Exchange Visitor ☐ J-2 Dependent

J Program Category (see #4 on DS-2019): ☐ Short-Term Scholar ☐ Research Scholar or Professor ☐ Specialist ☐ Student Intern

J Program Start Date: _____ J Program End Date: _____

Are you currently in J-1 status?

☐ No

☐ Yes—The name of my current institution is: _____

My SEVIS ID Number is: _____

The name of my International Advisor: _____

The International Advisor's Email: _____ Phone: _____

Please Indicate the Breakdown of Your Current (non-CU Boulder) J Program Funding:

Program Sponsor Funds: _____ Binational Commission Amount: _____

U.S. Government Organization: _____ Other Organization: _____

International Organization: _____ Personal Funds: _____

Exchange Visitor Government: _____

Have you obtained a waiver of the 212(e) two year home residence requirement for your current J program? ☐ No ☐ Yes

NOTE: If you have obtained a 212(e) waiver approval, you no longer qualify for an extension or transfer of your current J program.

J-2 DEPENDENTS

Will any dependent family members (spouse, child) accompany you in J-2 status during your program?

☐ No ☐ Yes—please read and complete the following section. Attach a copy of the passport biodata page for each accompanying J-2 dependent.

In requesting to bring a dependent and with his/her receipt of the J-2 dependent visa, you are agreeing to the condition of having each dependent's status linked to yours for the duration of your program or a dependent child's marriage or 21st birthday, whichever occurs first. Once a dependent obtains J-2 status, ISSS will only terminate the dependent SEVIS record if credible evidence of one of the following events is submitted:

- Legal divorce (if the dependent is the student's spouse)
- Death
- The dependent requests termination of his/her SEVIS record

The J-1 also agrees to complete an immigration check-in for each dependent upon arrival in the U.S., to report a dependent's early departure from the U.S. prior to the J program end date, and to help the J-2's maintain valid non-immigrant status.

Please type dependent(s)' information directly into this form as it appears in the Machine Readable Zone of your dependent(s)' passport and attach a passport copy for each dependent included in this request. Attach another sheet if you have additional dependents.

This information will be utilized to create a dependent SEVIS record and immigration document. Your dependent(s) will be responsible for presenting this immigration document along with copies of your immigration documents and proving their relationship to you at the U.S Consulate/ Embassy visa interview. Documentation may include official marriage certificate (spouse) and official birth certificate or valid adoption decree (unmarried minor child under 21 years of age).

	Spouse	Child 1	Child 2
Family Name from Passport			
First & Middle Name from Passport			
Date of Birth (mm/dd/yyyy)			
City of Birth			
Country of Birth			
Country of Citizenship			
Country of Legal Residence			
Sex	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> Male
Email Address			

J INSURANCE REQUIREMENT

According to immigration regulations (22 CFR S62.14), J-1 Exchange Visitors and accompanying J-2 dependents are required to maintain comprehensive medical insurance with evacuation and repatriation coverage that meets U.S. government minimum requirements beginning on the start date of the J-1 program (indicated in item 3 of the DS-2019) continuing to the end of the J-1 program. *There cannot be any breaks or lapses in insurance coverage even if one travels outside the U.S. for an extended period of time during the J program.*

ISSS must terminate the SEVIS record of an exchange visitor (including J-2 student interns) who: 1) does not provide ISSS with a valid *Insurance Compliance Form* by the start of the CU Boulder J program; and 2) does not submit an updated *Insurance Compliance Form* when the previously reported insurance expires or s/he seeks to extend the J-1 program.

The willful failure to carry the required insurance for yourself and, if applicable, your dependents, or material misrepresentation of insurance coverage will result in the termination of your J program and legal status in the U.S.

Comprehensive Insurance Minimum Requirements Starting May 15, 2015:

<p>The J insurance coverage must provide the following minimum coverage:</p> <ul style="list-style-type: none">• Minimum medical benefit of \$100,000 per person per accident or illness;• Deductible that does not exceed \$500 per accident or illness;• Minimum repatriation of remains in the amount of \$25,000;• Minimum medical evacuation expenses in the amount of \$50,000; and• Co-insurance paid by J-1 not to exceed 25% of covered benefits per accident or illness. <p>Insurance policies:</p> <ul style="list-style-type: none">• May require a waiting period for pre-existing conditions that is reasonable as determined by current industry standards; and• Must not unreasonably exclude coverage for the perils inherent to the activities of the exchange program in which you participate.	<p>Any policy, plan, or contract secured to fill the J insurance requirements must at minimum be:</p> <ul style="list-style-type: none">• Underwritten by an insurance corporation having:<ul style="list-style-type: none">○ An A.M. Best rating of "A-" or above; or○ A McGraw Hill Financial/Standard & Poor Claims-paying Ability rating of "A-" or above; or○ A Weiss Research, Inc. rating of "B+" or above; or○ A Fitch Ratings, Inc. rating of "A-" or above; or○ A Moody's Investor Services rating of "A3" or above; or• Be backed by the full faith and credit of the exchange visitor's home country; or• Part of a health benefits program offered on a group basis to employees or enrolled students by a designated sponsor; or• Offered through or underwritten by a federally qualified Health Maintenance Organization or eligible Competitive Medical Plan as determined by the Centers of Medicare and Medicaid Services of the U.S. Department of Health and Human Services
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INSURANCE COMPLIANCE INFORMATION

Insurance coverage must be in effect from the start of your J program to the end of your J program. **If you do not submit your insurance information at the time of requesting a DS-2019, you must submit a completed [Insurance Compliance Form](#) at your Immigration Check-In.**

CU Program Start Date: _____ CU Program End Date: _____

Are you on the CU Boulder payroll and eligible for insurance benefits?

- ☐ No
- ☐ Yes (check all that apply) — I ☐ am reporting a temporary insurance policy until my CU health insurance coverage starts.
- ☐ will enroll in CU health insurance—☐ [Exclusive \(HMO\)](#) ☐ [Kaiser \(EPO\)](#)
- ☐ will not be enrolling in CU health insurance.

EVACUATION & REPATRIATION COVERAGE:

The policy indicated below will cover (check all that apply): ☐ Me, the J-1 primary ☐ All of my J-2 dependents

Insurance Company Name: _____

Company Address: _____

Company Phone: _____ Company Email: _____

Insurance Start Date: _____ Insurance End Date: _____

Month/ Day/ Year

Month/ Day/ Year

MEDICAL/HEALTH INSURANCE COVERAGE:

The policy indicated below will cover (check all that apply): ☐ Me, the J-1 primary ☐ All of my J-2 dependents

Insurance Company Name: _____

Company Address: _____

Company Phone: _____ Company Email: _____

Insurance Start Date: _____ Insurance End Date: _____

Month/ Day/ Year

Month/ Day/ Year

ATTESTATION—Include an original signature

I certify under penalty of perjury that the above information is true and correct. I confirm my, and if applicable, my J-2 dependent(s)', insurance coverage meets the U.S. Department of States' requirements as outlined in 22 CFR S62.14.

- I understand it is my responsibility to provide proof of continuous insurance coverage to ISSS throughout my J program.
- I understand that if I fail to obtain and maintain adequate health, repatriation, and evacuation insurance for myself and my J-2 dependents (if applicable) for the duration of the J program, the University of Colorado will terminate my J program which will result in my loss of my legal J-1 immigration status and the J-2 status of any dependents accompanying me.
- I understand that I may also be subject to the requirements of the [Affordable Care Act](#) (ACA) and, if so, will purchase insurance that meets the requirements set forth in the ACA legislature in addition to the requirements established in 22 CFR S62.14.

Signature: _____

Date: _____

SUMMARY OF J EXCHANGE VISITOR RULES

MAINTAIN MEDICAL, EVACUATION, AND REPATRIATION INSURANCE

The J Exchange Visitor program requires all participants (J-1 and J-2) to have [comprehensive medical, evacuation, and repatriation insurance that meets the requirements set by the U.S. Department of State](#) in the J regulations (22 CFR S62.14). The coverage must be in effect from the start of the J program and continue for the duration of the J program. The willful failure to carry the required insurance for yourself and, if applicable, your dependents, or material misrepresentation of insurance coverage will result in the termination of your J program and legal status in the U.S.

REPORT U.S. RESIDENCE, MAILING ADDRESS, PHONE NUMBER, EMAIL, NAME, AND SITE OF WORK ACTIVITY CHANGES IN 10 DAYS

J regulations require exchange visitors to report any changes in personal information (address, phone number, email, name, site of activity) to ISSS (ISSS@colorado.edu) within 10 days of the change. The address reported should be your physical residence. If you cannot receive mail at your residence, you must also report your mailing address. If you are on CU payroll, you must inform your department Payroll Liaison of your new address. If your office location or the site of your activity (e.g., research, teaching) changes, you must report the new site.

OBTAIN A TRAVEL SIGNATURE FROM AN ISSS ADVISOR PRIOR TO TRAVELING OUTSIDE THE U.S. DURING YOUR J PROGRAM

If you will travel outside the U.S. and need to re-enter in J status during your program, you must obtain a travel signature from an ISSS advisor prior to departing the U.S. J-2 dependents traveling outside the U.S. also require a travel signature for re-entry. A travel signature is valid for one year or the duration of the J program, whichever is shorter. Please review our [travel handout](#) prior to traveling outside the U.S.

REPORT ANY TRAVEL WHERE YOU WILL SPEND MORE THAN 30 DAYS OUTSIDE THE COUNTRY

If during your J program you will be outside the U.S. for more than 30 days, you must submit the [J-1 Scholar Temporary Absence Form](#) to ISSS. If you are not currently on CU payroll or will be removed from payroll during the absence, you must also submit a letter from your host faculty member that indicates why the J-1 program should be kept active during the absence and how the collaboration with CU Boulder and J-1 program goals will continue to be pursued while you are outside the U.S.

EXTENSION OF YOUR CURRENT CU BOULDER J PROGRAM

If your host department would like to extend your J program within the maximum participation period for the J Student Intern category (12 months per foreign degree program/major), the CU Boulder supervisor must submit the [Department DS-2019 Request for a J Student Intern](#) to ISSS along with official financial support documentation at least two weeks prior to the expiration of your DS-2019. If your department will not provide sufficient funding for the extension period, you must submit personal bank statements or funding documentation on official letterhead.

TRANSFERRING YOUR J SEVIS RECORD TO ANOTHER INSTITUTION

If you will transfer to another J program, you must submit the [J-1 Program: Completion, Early Completion, or Transfer Form](#) to ISSS prior to the end of your current J program. ISSS will release your SEVIS record to the new institution. You must have a seamless transition with no gaps from the CU Boulder program to the new program.

MIDPOINT AND/OR FINAL PROGRAM EVALUATION

You must submit the [J-1 Student Intern & Supervisor Evaluation Form](#) at the midpoint of a program more than six months and at the end of all J-1 student intern programs. You have a 30 day grace period to exit the U.S. following your actual J program completion date. This time is intended for you to prepare to depart the U.S. You cannot exit and re-enter the U.S. related to your current J program during your grace period.

REPORTING J-2 DEPENDENT DEPARTURES

Contact ISSS to report if your J-2 dependents are departing the U.S. prior to your DS-2019 end date and will not be returning in J-2 status.

ATTESTATION—Include an original signature

I understand that it is my responsibility to abide by the J regulations in order to maintain status including reporting certain information to ISSS as outlined above. Further, I understand the following:

- I am expected to return to my academic program at my institution overseas to fulfill and obtain the degree I have been working on upon completion of this J-1 internship program at the University of Colorado at Boulder.
- I will be evaluated by my CU Boulder internship supervisor at the end of the internship program. If the internship is for longer than 6 months, I will also be evaluated at the mid-point of the internship program.
- I understand that the J-1 Student Intern internship program cannot last longer than 12 months in duration.
- I must have sufficient finances to cover the living expenses of myself and, if applicable my J-2 dependents, for the duration of my internship program.
- I must maintain comprehensive medical insurance with evacuation and repatriation coverage for myself and, if applicable my dependents, for the entire duration of my J-1 program, in accordance with the requirements set up by the U.S. Department of State.

Failure to uphold the J regulations may result in the termination of my J program and status and, if applicable, my J-2 dependents.

By signing below I attest that I have read the J regulation information and understand my obligation to comply with the J regulations (22 CFR S62).

Printed Name

Signature

Date