



Cal Poly Pomona - International Center

Exchange Visitor J-1 Information Form

PLEASE PRINT CLEARLY

Name: _____ (Last) (First) (Middle)		
Birthdate (month/day/year): _____		Country of Birth: _____
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Country of Citizenship: _____
Phone #: _____		E-mail: _____
Local Address In U.S.	_____ (Street) _____ (Apt#)	
	_____ (City) _____ (Zip)	
Dependents here with you in the U.S. (if any)	Name	Relationship
	_____	_____
	_____	_____
Overseas Home Address Must be written in English (Required by USCIS)	_____	

	Phone #: _____	
Change of Address		
Date: _____	_____	
Phone: _____	(Street) _____ (Apt) _____	
	(City) _____ (State) _____ (Zip) _____	
Date: _____	_____	
Phone: _____	(Street) _____ (Apt) _____	
	(City) _____ (State) _____ (Zip) _____	

PLEASE READ AND SIGN.

All Exchange Visitors on J visas (including dependents) are required by the U. S. Dept. of State to either submit proof of medical insurance (written in English) or purchase a policy through the International Center.

Medical insurance must meet the following minimum requirements:

1. \$50,000 per accident or illness
2. \$10,000 in medical evacuation coverage
3. \$7,500 in repatriation coverage, and
4. Maximum deductible of \$500 per accident or illness.

() I have insurance that meets this requirement and will provide proof.

() I will purchase health insurance at the International Center.

SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY:

DS2019	Passport	Visa	I-94 Card	Proof of Insurance	Dependents' Documents
STUDENT	PROFESSOR	RESEARCH SCHOLAR	SHORT-TERM SCHOLAR	SPECIALIST	