

J-1 Nonimmigrant Questionnaire

Biographical	Information				
Name	First	Middle			Last
All Other Names	Used				
Date of Birth		Male C) Female		
City of Birth			Country of Birt	h	
Country of Citize	nship		Permanent Res	sidence	
Are you currently	y in the U.S.? Yes	s No			
Addresses &	Phone Number				
Email Address			Phone Number		
Permanent Addre	ss Outside the U.S.				
Address			Province/State		
City			Zip/Postal Code		
Country					

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Emergency Contact								
Name		Phone Number						
Email Address								
What level of English proficiency does your emergency contact have?								
None Poor Fair Good Excellent								
Background Information								
Have you ever held J-1 status? Yes No If yes, please provide a copy of your previous DS-2019.								
Your Current Position/Title in Your Hor	ne Country							
I am currently enrolled in a Bach	elor program.							
I am currently enrolled in a Mast	er/PhD program.							
I am employee of								
i. Employer	i. Employer							
ii. Employer URL	ii. Employer URL							
iii. Job Title								
Other (for example, not employed)								
Funding Information								
Provide information on how your		Source	Amount					
stay at Texas A&M University will be funded.								
For information on funding								
requirements visit our website.								
Dependents								
Dependents are spouses and unmarried of the Request for DS-2019s for Dependents								
Lwill NOT have 1-2 dependents Lwill have 1-2 dependents and will submit the Dependents form								

Student Intern

The host department and J-1 student intern MUST submit an evaluation to ISSS every 6 months during the J program using the J-1 Student Intern Evaluation form.

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Insurance Requirements

As J Exchange Visitors you are required to maintain health insurance coverage for you and your J-2 dependents throughout your J Exchange Visitor Program. Even if you are currently outside the U.S., if your J-1 or J-2 status is "active", you must have health insurance. For more information about health insurance requirements, go to: https://global.tamu.edu/isss/health-and-safety/health-insurance/scholars-and-interns

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.

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

Signature Date

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