

## J-1 Scholar/Student Intern Check In

According to Federal Regulations 22.62.70(f) (d), International Student and Scholar Services (ISSS) should collect this information from J-1 scholars and student interns within 10 days of arrival in the United States and report it to SEVIS. ISSS will update your SEVIS record and current U.S. address.

Please submit the following documents with this form for you and any J-2 dependents:

- Visa
- I-94: <https://i94.cbp.dhs.gov/home>
- Proof of insurance coverage

**You cannot complete your J-1 check-in until you are in the U.S.**

### Personal Information

First Name

Last Name

### US Contact Information

Email Address

U.S. address where you are currently residing:

Example: 123 Texas Street, Apartment 123, College Station, TX 77840

U.S. Telephone Number

☐

I don't currently have a U.S. phone number. If I obtain a U.S. phone number later, I will email it to

[j1scholars@tamu.edu](mailto:j1scholars@tamu.edu)

☐

I understand that I am required to report any change in my address or phone number to Texas A&M University's ISSS office within 10 days of the change. I further understand that failure to report a change of address will result in termination of my J-1 program.

### Health Insurance

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/iss/health-and-safety/health-insurance/scholars-and-interns>

☐ I understand willful failure to carry insurance is considered to be a violation of the Exchange Visitor Program and will result in the immediate termination of your participation in the program. Texas A&M will report your violation of lawful status to the Department of Homeland Security and you will be required to leave the U.S.

☐ I confirm I'm submitting proof of health insurance that meets the requirements listed under [Minimum Insurance Requirements](#)

Insurance provider name

Insurance start date

Insurance end date

If you have J-2 dependents, are they covered by the same insurance?

☐ Yes

☐ No – make sure to submit proof of insurance for your J-2s

## J-2 Dependent Information

My dependent(s) in the U.S. with me:

Dependent's Last Name	Dependent's First Name	Email Address (spouse only)

My dependent(s) joining me in the U.S. at a later date:

Dependent's Last Name	Dependent's First Name	Expected Date of Arrival	Email Address (spouse only)

# Certification

☐

I am aware that the exchange visitor program requires that visitors maintain their J-1 status by engaging only in activities permitted under their program and category, filing timely and appropriate extension modifications, refraining from accepting unauthorized employment, and maintaining continuous health insurance including medical and repatriation insurance.

Signature

Date