



Exchange Visitor Biographical Data Form (Form1)
Exchange Visitor Program

(TO BE COMPLETED BY THE INTENDING EXCHANGE VISITOR/SCHOLAR)

Directions: Complete each item below. Your answers will provide the university with the information required to issue a Form DS-2019 for your use in applying for a J-1 visa. If you are in the U.S. and wish to transfer to the University of Hartford, you must send us copies of: 1) Your CIS form I-94; 2) The J-1 visa page of your passport; 3) All previous Forms DS-2019 (or IAP-66 forms) you have been previously issued. Mail or Fax this completed form and any other required supporting documents to your University of Hartford faculty or department sponsor with whom you previously have maintained contact.

Name Last First Middle

Male Female email Address

Address Street City State Country

Date of Birth (mm/dd/yy) Place of Birth (City or Town)

Country of Legal Permanent Residence Citizenship

Position in Country of Residence: (professor, student, research scientist, economist, engineer, etc.)

Employer/Place of Employment: (Name and Address)

Requested dates of intended stay in U.S: From: To: (mm/dd/yy) (mm/dd/yy)

Source(s) and amount(s) of financial support for period specified above. Please provide documentation for all income sources. Exchange visitors are required to show financial resources at a minimum of \$1,000 per month for their proposed stay. Additional funding for first dependant is \$700.00 per month; and each additional dependant is \$300.00 per month. (check and complete below as applicable.)

- a. () University of Hartford Department Name \$ Amount
b. () U.S. Gov't Agency(ies) Agency Name \$ Amount
c. () International Organization Organization Name \$ Amount
d. () Exchange Visitor's Government Country \$ Amount
e. () By-national Commission of Visitor's Country \$ Amount
f. () Other Organization(s) Organization Name \$ Amount
g. () Personal Funds \$ Amount

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Specific educational field or non-study activity in which the exchange visitor is to be engaged:

Subject/Field _____ Description _____

Please print your University of Hartford host faculty member's name and department below:

(University of Hartford Faculty Sponsor Name) (College or Department)

English language Proficiency: TOEFL Scorer or Equivalent _____

List (immediate) family members, if accompanying visitor: (Use a blank sheet of paper for additional family members you wish to include in this request)

Name _____ Date of Birth _____
(Last) (First) (Middle) (mm/dd/yy)

Relationship _____

Place of Birth _____ Country of Birth _____
City

Certification

I certify that the above information has been completed by me and is accurate to the best of my knowledge. Further, I understand that I will be required to maintain an acceptable health insurance coverage during my stay for myself and any family members who accompany me to the U.S., and I agree to purchase this insurance coverage to be effective upon arrival in the United States and for the duration of my stay while on the University of Hartford J-1 Exchange Visitor Program. I understand that if I bring a spouse or dependent children to the U.S. with me, I must purchase health insurance for each of them throughout the period of their stay in the U.S. When requested, I will provide documentation to University officials that I am maintaining approved health insurance coverage for me and my family members who enter the U.S. on J-2 visa status to reside with me. Lastly, I understand that I must report to the International Center of the University within 3 days of my arrival in the U.S. and I am required to keep the International Center informed of my local US address and telephone number at all times.

Signature of Applicant _____ Date _____

Health Insurance Minimum Requirements

Exchange visitors are required by Department of State regulations to maintain adequate health and accident insurance for themselves and any accompanying spouse and/or dependent(s). Information on recommended plans is available at the International Center, GSU 327. The *minimum* insurance coverage requirements are:

- \$50,000 medical benefits per accident or illness
- \$7,500 repatriation of remains
- \$10,000 medical evacuation to home country
- \$500 ceiling on deductible per illness or accident

You may be able to find an appropriate health insurance policy in your home country which will meet the above requirements. Please provide a copy of your insurance coverage (English translation required)

***Information regarding the J-1 visa may be found at: <http://uhaweb.hartford.edu/intcenter/j1handbook.html>**

RETURN THIS FORM TO: Your University of Hartford Faculty Sponsor