

## REQUEST FORM

Name: \_\_\_\_\_ UT ID Number: \_\_\_\_\_

SEVIS Number: \_\_\_\_\_ Degree Program at UT: \_\_\_\_\_  
(if not degree-seeking, write "non-degree")

Expected Date of Graduation or Completion of Studies at UT: \_\_\_\_\_

Current Living Address (No P.O. Box): \_\_\_\_\_

E-mail address: \_\_\_\_\_

### Information about Academic Training

Description of Training/Employment: \_\_\_\_\_

Location of Training: \_\_\_\_\_ Dates of Training: \_\_\_\_\_ to \_\_\_\_\_  
start date end date

Name of Employer or Organization: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

How many hours per week will you be working? \_\_\_\_\_ Training will be ( ) before ( ) after completion of studies (check one)

Have you been approved for J-1 Academic training before now? ( ) No ( ) Yes, provide dates \_\_\_\_\_

### Sources of Financial Support During Training

### Amount

Note: A minimum of \$1250 per month is required for a single student

Employer Listed Above \_\_\_\_\_

Personal/Family Funds (if training salary is not enough for support) (Attach Documentation) \_\_\_\_\_

Other: \_\_\_\_\_

### Dependent Information

Please check one. Training cannot be approved if this question is not answered:

- I do not have any dependents in the U.S. with J-2 status  
 I do have dependents with J-2 status (please complete back of form)

### Health Insurance Coverage while on Academic Training (check all that apply)

- UT Student Group Policy, for dates: from \_\_\_\_\_ to \_\_\_\_\_ (see separate page for instructions)  
 Insurance Provided by Employer to begin on (date): \_\_\_\_\_  
 Other Insurance Approved by the Center For International Education (attach documentation):  
 Name of company: \_\_\_\_\_  
 Dates of current coverage (start/end dates): \_\_\_\_\_

**READ BEFORE SIGNING:** I understand that the U.S. law requires me to maintain adequate health insurance at all times while I am in J-1 status and that the Center For International Education (CIE) must approve any health insurance if it is not the UT Student Group Policy. If using the UT Student Group Policy, I will contact the CIE to arrange for continued coverage.

**I understand that my legal J-1 status will be terminated if I do not continuously maintain the required insurance coverage. I also understand that I must inform the CIE of my new address within 10 days of moving.**

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

**Dependent Information**

On a separate sheet please list all dependents who are presently with you in the U.S. include the following information:

- Last name,
- first name,
- middle name,
- date of birth,
- city of birth,
- country of birth,
- country of citizenship,
- and country of permanent residence (if different from country of citizenship)

**Dependent Insurance Information**

This question must be answered completely.

All my dependents will have the following health insurance coverage:  
(Attach documentation if insurance will not be bought through CIE)

- UT Student Group Policy to be purchased through the CIE
- Insurance Provided by Employer
- Other Insurance, MUST be Approved by the Center For International Education (attach documentation):  
Name of company: \_\_\_\_\_  
Dates of current coverage (start/end dates): \_\_\_\_\_

**I understand that my legal J-1 status will be terminated if my dependents do not have adequate health insurance at all times while they are in the U.S.**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date