



EV's Passport Family/Last Name: \_\_\_\_\_ Given/First Name(s): \_\_\_\_\_

Processing Timeframe and Required Documents (submit to your UIC academic department)

Please submit required documents at least 60 days before the current program end date. OIS will review within 5 business days. Visitors at UIC branch campuses will receive their updated forms through their department.

- Checkboxes for document requirements: This request form, Copy of most recent I-94 record, Copy of most recent J-1 visa stamp, Proof of valid insurance proof for all J-1 and J-2 visa holders, Upload or provide valid copies of financial support documents if non-UIC funded.

Exchange Visitor Biographical Information (Enter all names as they appear on your passport)

UIN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Email Address: \_\_\_\_\_ Phone # (cell/home): \_\_\_\_\_

Current U.S. Address: Street, Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

What is your objective in extending your Exchange Visitor program at UIC?

Blank lines for objective text

What have you enjoyed most about your time at UIC, thus far? Have you taken part in any activities with OIS?

Blank lines for enjoyment text

U.S. Immigration History

- 1. Have you ever been subject to the two-year home residency requirement [212(e)]?
2. Have you ever filed an immigrant adjustment application (Form I-485/green card)?

Dependent Information (Dependents are defined as your spouse or unmarried children under age 21)

- Not Applicable
My J-2 dependent(s) has/have left the U.S. and I would like OIS to end their J-2 records in SEVIS
My J-2 dependent(s) has/have arrived to the U.S. and need to check-in.
I am requesting to add a J-2 dependent(s) (please complete chart below).

Table with 7 columns: Name (Family, Given Name), Relationship, Birth Date: MM/DD/YY, City of Birth, Country of Birth, Country of Legal Permanent Residence, Country of Citizenship



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**Exchange Visitor Certification**

- Health Insurance:** I understand U.S. immigration law requires J-1 Exchange Visitors and their J-2 dependents to carry health insurance for the *entire* period of their program. Health insurance coverage must meet specific U.S. Department of State Exchange Visitor [requirements](#); see the OIS website Faculty, Staff, Scholars – J-1 Information. I understand that I will not qualify for UIC insurance unless I am a UIC employee, and meet UIC "[substantial presence requirements](#)".
- Maintaining Status:** I will fully comply with all U.S. immigration law and regulations, including insurance requirements. I realize that failure to maintain legal status will result in immediate program termination.
- Allowable Activities:** I understand that any activity that is NOT part of the exchange program is restricted. I will obtain approval from my department and from OIS before I participate in any academic or professional activity that is not part of my program. I understand that employment outside of my specific program activity is illegal.
- Restrictions:** I understand that several restrictions apply to the J-1 Program, including but not limited to, restrictions on length of program, repeat participation, and return to country of residence.
- U.S. Contact Information:** While on my EV program, I will notify OIS of all U.S. residential address, phone number and e-mail address changes within 10 days of such change; I understand that notification is required by U.S. immigration law.
- Statement of Release:** I understand that immigration regulations are subject to change, and ultimately it is my responsibility to be aware of such changes. I further understand that any misrepresentation of information or document fraud may affect my J-1 Exchange Program at the University of Illinois at Chicago. Lastly, I hereby authorize the University to disclose copies of certain documents related to my immigration status to federal agencies if requested to maintain compliance.

 **Signature of Exchange Visitor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PRINT EV Passport Family/Last Name:** \_\_\_\_\_ **PRINT Given/First Name(s):** \_\_\_\_\_