J-1 Exchange Visitor Profile Form

*To be completed by the Exchange Visitor*

|  |  |
| --- | --- |
| Last Name | First/Given Name(s) |
| Email Address | Date of Birth |

Mailing Address Permanent Home Country Address

|  |  |
| --- | --- |
| Mailing Address Line 1 | Permanent Address Line 1 |
| Mailing Address Line 2 | Permanent Address Line 2 |
| City Province/State | City Province/State |
| Country Postal Code | Country Postal Code |

Country of Citizenship: Country of Citizenship

Country of Birth: Country of Birth

City of Birth: City of Birth

Country of Permanent Residence: Country of Permanent Residence

Highest Degree Earned: Select Highest Degree Earned

|  |  |  |
| --- | --- | --- |
| Have you held a J-Visa Previously?(Including J2) | [ ] No | [ ] Yes Start Date of J Visa  End Date of J Visa  J Visa Category (student, researcher, etc.) |
| Will you be accompanied by any dependents?  | [ ] No | [ ] Yes Dependent Name Dependent Name  |

# Supporting Documents

Please submit the following to isss@geneseo.edu

* Photocopy of Passport ID page and Passport ID pages for any dependents that will accompany you to the U.S.
* Resume or CV
* Financial Documentation (Bank statement, sponsorship letter, employment offer letter, stipend)
* Medical Insurance Attestation
* Letter of Recommendation from your Home Institution
* Evidence of English Language Proficiency
* Invitation Letter from SUNY Geneseo
* Employment Offer Letter from SUNY Geneseo (If applicable)

Health Insurance Attestation

The U.S. Department of State (DOS) and the State University of New York (SUNY) require J-1 Exchange Visitors to have medical insurance coverage during their stay in the United States.

All Exchange Visitors have access to the SUNY Health Insurance Policy offered by GeoBlue. Although health insurance may be purchased in your home country please be aware that the policy will be evaluated to confirm that it is comparable with GeoBlue. Policies that do not meet the minimum requirements will not be accepted.

J2 Dependents must also carry health insurance that meets the DOS and SUNY requirements.

[ ]  I will have health insurance coverage as a benefit of my SUNY Geneseo employment.

[ ]  I would like to purchase the SUNY-approved GeoBlue Health Insurance Coverage

[ ]  I have my own health insurance, but understand that it must be evaluated by the SUNY Geneseo ISSS Office. I will provide an English translation of my policy if necessary. If my policy does not provide comparable coverage as required by SUNY, I will purchase GeoBlue health insurance.

[ ]  I would like information about purchasing GeoBlue Health Insurance for my dependents that will accompany me to the U.S.

By signing below, I confirm that I understand my obligation to carry an approved health insurance policy at all times during my participation in the Exchange Visitor Program. I understand that refusal to maintain an approved health insurance policy will result in the termination of my participation in the Exchange Visitor Program.

 Date

Signature