



DS 2019 Application

Applicant's Legal Name: _____
Family/Surname (Last) Name Given (First) Name Middle Names
_____/_____/_____
Date of Birth (MM/DD/YYYY) Gender: Female Male

Place of Birth: _____
City State/Province Country

Country of Citizenship: _____ Country of Permanent Residence: _____

Addresses: Mailing Address: _____
Street Address and Apartment Number

City State/Province

Country

Permanent Address: _____
Street Address and Apartment Number

City State/Province

Country

Telephone Number: (+ _____) _____

Terms of Study of Exchange:

Email Address: _____

Fall Spring

Home University: _____

Field of Study at Home University: _____

Field of Study at Stan State: _____

It is a J-1 Visa requirement that the student be insured for the duration of their participation of the J-1 program. The minimum insurance requirements are:

- Medical benefits of at least \$100,000 per accident or illness.
- Repatriation of remains in the amount of \$25,000.
- Expenses associated with the medical evacuation of exchange visitors to his or her home country in the amount of \$50,000.
- Deductibles not to exceed \$500 per accident or illness.

Students can purchase their own insurance through their own provider but a copy of the policy and the dates of coverage must be provided and approved prior to arrival.