



Statement of Compliance with J-1 Exchange Visitor Requirements

In order to ensure maintenance of my lawful J-1 immigration status, I understand that I must comply with all laws and regulations governing my J-1 exchange program during my program in the U.S., including:

1. **J-1 Health Insurance Minimum Coverage Requirements:** I have been informed of the U.S. Department of State (DOS) mandated medical insurance requirements and understand that it is my responsibility to obtain and maintain the required coverage for myself and any J-2 dependents for the duration of my J-1 program in the U.S. I certify that I have enrolled in – or will immediately enroll in – an insurance plan or combination of plans that meet the required minimums. I further certify that I have enrolled all my J-2 dependents or will enroll all my J-2 dependents who may join me later.
2. **Reporting Requirements:** I understand that BU is required to report biographical, contact and program information to the Student and Exchange Visitor (SEVP) program via the Student and Exchange Visitor Information System (SEVIS) and that I must notify the ISSO within 10 days of any change in the following:
 - a. physical or mailing address
 - b. e-mail address (BU e-mail address, if available, will be sent as default)
 - c. telephone number or
 - d. primary site of activity
3. **Reporting Requirements for J-2 Dependents:** I understand that BU is required to report an e-mail address for EACH of my J-2 dependents in the SEVIS system and I have provided this information below.

In addition, the ISSO must report (within 10 days) if any of my J-2 dependents leave the U.S. permanently prior to the completion of my J-1 program. This reporting will end the J-2 program of my dependent spouse or children and end their eligibility to return to the U.S. in this dependent classification.

J-2 Dependent(s) E-mail (complete for each J-2 dependent)			
Name (Family, Given):		e-mail address:	
Name (Family, Given):		e-mail address:	
Name (Family, Given):		e-mail address:	
Name (Family, Given):		e-mail address:	
Name (Family, Given):		e-mail address:	

4. **Mandatory Orientation Attendance:** I understand that my J-1 program sponsor is required to offer orientation to me at the beginning of my J-1 program. I plan to attend or attended the ISSO orientation on: _____
(enter date here)

Verification of understanding: By my signature below, I verify that I have been informed of and understand the required health insurance and reporting requirements to which I am subject. I also understand that if I willfully fail to obtain and maintain adequate medical insurance, BU is required to terminate my participation in its Exchange Visitor Program and to notify the U.S. Department of State that my program has been terminated. Such action will result in the loss of my lawful immigration status in the United States.

Name (please print):		BU ID Number:	U
Signature:		Today's Date:	