



**OFFICE for
INTERNATIONAL
PROGRAMS**

J-1 Check-In and Insurance Confirmation

Your immigration record needs to be validated in the SEVIS system. To validate your record, all individuals in J-1 status must check-in electronically with ISSS. This should be done within 3 days upon arrival in Chicago.

Without this validation, your immigration record will become inactive. An individual whose immigration record is inactive may not work and must depart the U. S.

Directions:

To complete the check-in process please email copies of the following information to iss@luc.edu using the subject line J-1 CHECK-IN (Your full name):

- Completed J-1 Check-In and Insurance Confirmation (below)
- Passport
- Visa (sticker in passport)
- Form I-94 retrieved online from: <https://i94.cbp.dhs.gov/I94/#/home>
- DS2019 signed/stamped by the consulate
- Copy of insurance policy
- Dependent documents (if applicable)
 - Passport
 - Form I-94
 - Visa
 - Copy of insurance policy

Note: Should you travel outside of the US while in J-1 status, we recommend submitting a copy of your updated Form I-94 to ISSS for review. This will allow us to confirm that U.S. Customs properly processed your entry information.



J-1 Exchange Visitor Information

Last Name/Family Name:	Given Name(s):		
Date of Birth (MM/DD/YYYY):	Gender:	Male	Female
U.S. Telephone Number:	Email:		
SEVIS Number:	Date of U.S. Entry:		
LUC Department:	Site of Activity:	LSC	WTC HSD LUMC
DS-2019 Start Date:	DS-2019 End Date:		
U.S. Home Address:			
Home Country Address:			

J-2 Dependent Information

Did your spouse and/or dependents accompany you to the United States?	YES	NO
Spouse's Email Address:		

Emergency Contact Information

Name:	Relationship to you:
Street, Apt/Unit #:	City, State/Province:
Postal Code:	Country:
Phone:	Email:

Health Insurance Information

Health insurance is required for all J-1 and J-2 Exchange Visitors and should be active by the time of arrival. Your SEVIS record cannot be validated until you present your insurance. Your signature below indicates that you understand the J-1 and J-2 health insurance requirement.	
Health Insurance Company Name:	Company Website:
Policy Dates: _____ to _____	Policy Number:

NOTE: If any of the above information changes while you are at Loyola, including address, email, phone, program details (dates, title, pay, etc.), or departure of any dependents, you must notify ISSS within 10 calendar days.

Exchange Visitor Signature	Exchange Visitor Name (Please Print)	Date (MM/DD/YYYY)
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