

EXCHANGE VISITOR PROGRAM**Exchange Visitor Form - Instructions for Exchange Visitor**

Required for J program sponsorship for Short Term Scholar, Research Scholar and Professors

EXCHANGE VISITOR REQUIREMENTS: When submitting this form, please include scanned copies of the requested documentation for the sponsoring department in pdf or jpeg format.

- **Copy of biodata page of current passport for scholar and any dependents**

- **Academic Background**

Minimum degree level for all exchange visitors is the baccalaureate, or the equivalent

- **English Proficiency:**

If the prospective EV is not a citizen of a country where English is an official language, please provide one of the following:

- A transcript evidence that the exchange visitor attended university for at least one year in a country where English is an official language (or where English is the language of instruction: Antigua and Barbuda, Australia, Bahamas, Barbados, Belize, Bermuda, Botswana, British Virgin Islands, Canada (except Quebec), Cayman Islands, Cyprus, Dominica, Fiji, Gambia, Ghana, Grenada, Guyana, Ireland, Jamaica, Kenya, Lesotho, Liberia, Malawi, Malta, Mauritius, Montserrat, Namibia, New Zealand, Nigeria, Pakistan, Philippines, Seychelles, Sierra Leone, Singapore, South Africa, Sri Lanka, St. Kitts and Nevis, St. Lucia, St. Vincent and the Grenadines, Swaziland, Tanzania, Trinidad and Tobago, Turks and Caicos Islands, Uganda, United Kingdom, Virgin Islands, Zimbabwe)

- Official test of English language competence with scores as follows:

- IELTS: 6.0 overall
- MELAB: 77
- TOEFL iBT: 80
- TOEFL PBT: 550
- Verbal GRE (scores from tests taken before 1 August 2011): 320
- Verbal GRE (scores from tests taken 1 August 2011 onward): 140

- Have a live SKYPE or similar interview with the EV to verify the English proficiency is sufficient to perform their jobs or complete their academic programs, to navigate daily life in the United States, to read and comprehend program materials, to understand fully their responsibilities, rights and protections, and to know how to obtain assistance, if necessary.

- **Financial Support:**

Minimum funds that must be verified for the entire program activity period

- \$1,500/month for Exchange Visitor
- \$1,000/month for Spouse
- \$500/month for each child

Documents for Verification of funding (in English with amounts posted in US dollars)

- UF funding - as listed on the DS2019 request form
- Organization/Government/Agency funding - Official statement including exchange visitors name and program dates.
- Personal (self) funding - Current Bank Statement
- Private source funding - [Certificate of Financial Responsibility](#) and Current Bank Statement

- **Curriculum vitae or résumé** (printed in English)

- **Copy of Diploma with English translation attached or an unofficial transcript** (if you do not possess a professional degree)

- **Invitation Letter with your signature acknowledging receipt of the invitation**

Change the default email address to the email address of the UF staff member who sent this form to you. After you submit this form, the sponsoring department/center will complete the process to request the Form DS-2019. The Exchange Visitor Services (EVS) office at UFIC will process the sponsor's request for a DS-2019 in SEVIS and send to the exchange visitor the arrival packet with:

- Pre-arrival Instructions
- DS-2019 for Scholar and Dependents
- SEVIS fee instruction for the exchange visitor to pay fee online prior to the visa appointment
- Form I-539 instructions, if the exchange visitor is currently in the US filling for a change of Status to J-1

If the exchange visitor cannot arrive by the initial start date on the DS2019, EVS and the sponsoring unit must be notified immediately and provide updated arrival information.

Federal regulations require that J-1 exchange visitors and J-2 dependents are covered by health/accident insurance which meets specific requirements for the duration of their program. If the scholar does not meet the insurance requirement the SEVIS record will not be validated, the applicable program will be terminated, and the scholar will be required to leave the U.S. immediately.

Complete packets must be submitted to EVS no later than 60 days before program start date

Exchange Visitor Form

The next two pages of this form must be completed by the Exchange Visitor and sent to the sponsoring department/center.

UFID _____

J-1 Exchange Visitor's Information (information as posted in passport):

Last Name _____

First Name _____

Middle Name _____ Suffix _____

Date of Birth _____ Marital Status _____ Gender _____

City of Birth _____

Country of Birth _____

Country of Citizenship _____

Country of Permanent Residence _____

Address in Home Country:

Address Line 1 _____

Address Line 2 _____

City _____ Province/State _____

Country _____ Postal Code _____

Email _____ Phone Number _____

Current Address (EVS will mail the DS-2019 form to this address):

Address Line 1 _____

Address Line 2 _____

City _____ Province/State _____

Country _____ Postal Code _____

Email _____ Phone Number _____

Position in Home Country:

Position Title in Home Country _____

Employer or Institution _____ Employer Type _____

Education:

Is the scholar currently enrolled in a degree program? _____ Does the scholar have a medical degree? _____

Highest Degree Earned _____

Other Degrees _____

Will the scholar be enrolled in classes at our institution? _____

Last Name _____ UFID _____
First Name _____ Middle Name _____ Suffix _____

U.S. Employment:

Is the scholar currently employed in the U.S.? _____
If so, Employer Name _____ Employer Phone _____
Employer Address _____
Will the scholar be affiliated with another Institution? _____ Will the scholar receive compensation? _____
Affiliate Name _____ Affiliate Contact _____
Affiliate Address _____ Affiliate Phone _____

Prior Visa History:

Is the scholar currently in the U.S.? _____ If in the U.S., what is his /her immigration status? _____
Is the scholar requesting a change of status? _____

Scholars who currently reside in the U.S. and change from another nonimmigrant status to J status must pay the I-901 SEVIS Fee before submitting an application Form [I-539](#) (For an In Country Change of Status) to change status with U.S. Citizenship and Immigration Services. The Form I-539 must be filed before the expiration date of the exchange visitor's current status.

Has the visitor been in the U.S. within the past 24 months as a J-1 student, professor, research scholar? _____
If yes, please indicate the dates (mm/dd/yyyy to mm/dd/yyyy): _____

Is the scholar subject to the 2-year (212e) home residency requirement? _____

Has the scholar ever been recommendend for a waiver? _____

Was the waiver granted? _____

Dependent Information:

EVS will cancel the DS-2019 forms (J-2 status) for dependents who do not arrive in the U.S. with the J-1 exchange visitor, unless the exchange visitor provides proof of insurance coverage for the duration of the J-2 status period during the exchange visitor's check-in process.

Are the scholar's dependents currently in the U.S. in a status other than J-2? _____

Dependents who currently reside in the U.S. and are required to change from another nonimmigrant status to J status by obtaining permission from U.S. Citizenship and Immigration Services must pay the (SEVIS) Form I-901 Fee before submitting an application Form [I-539](#) (For an In Country Change of Status). The Form I-539 must be filed before the expiration date of the exchange visitor's current status.

If spouse will accompany the scholar later, what are the anticipated visit dates? _____

If children will accompany the scholar later, what are the anticipated visit dates? _____

Last Name _____ UFID _____
First Name _____ Middle Name _____ Suffix _____

Dependents

Dependent 1:

Last Name _____
First Name _____ Middle Name _____ Suffix _____
Date of Birth _____ Gender _____ Relationship _____
City of Birth _____
Country of Birth _____
Country of Citizenship _____
Country of Permanent Residence _____

Dependent 2:

Last Name _____
First Name _____ Middle Name _____ Suffix _____
Date of Birth _____ Gender _____ Relationship _____
City of Birth _____
Country of Birth _____
Country of Citizenship _____
Country of Permanent Residence _____

Dependent 3:

Last Name _____
First Name _____ Middle Name _____ Suffix _____
Date of Birth _____ Gender _____ Relationship _____
City of Birth _____
Country of Birth _____
Country of Citizenship _____
Country of Permanent Residence _____

Dependent 4:

Last Name _____
First Name _____ Middle Name _____ Suffix _____
Date of Birth _____ Gender _____ Relationship _____
City of Birth _____
Country of Birth _____
Country of Citizenship _____
Country of Permanent Residence _____

By submitting this form, I, _____
certify that all information is true and accurate.

Submit to UF Department

Please change the default email address to the email address
of the UF staff member from whom you received this request for information.

EXCHANGE VISITOR PROGRAM

DS-2019 Request Form - Instructions for UF Sponsoring Units

Required for J program sponsorship for Short Term Scholar, Research Scholar and Professors

CATEGORIES:

The selected category should reflect the primary activity of exchange visitor

Research Scholar: An individual primarily conducting research, observing, or consulting in connection with a research program. A research scholar may also teach or lecture.

Professor: An individual primarily engaged in teaching, lecturing, observing or consulting. A professor may also conduct research. ***The exchange visitor cannot be a candidate for a tenure-accruing position.***

Short Term Scholar: An individual primarily engaged in research, observing, teaching, consulting, training or lecturing for a period of **6 months or less**.

NOTE: Exchange Visitor Services (EVS) does not process sponsorship requests for interns, residents, clinical fellowships, or any student classification.

EXCHANGE VISITOR REQUIREMENTS:

Academic Background

- Minimum degree level for all exchange visitors is the baccalaureate, or the equivalent

Financial Support:

- Minimum funds that must be verified for the entire program activity period
 - \$1,500/month for Exchange Visitor
 - \$1,000/month for Spouse
 - \$500/month for each child

Required Documents

- Verification of funding (in English with amounts posted in US dollars)
 - UF funding
 - Organization/Government/Agency funding - Official statement including exchange visitors name and program dates.
 - Personal (self) funding - Current Bank Statement
 - Private source funding - Certificate of Financial Responsibility and Current Bank Statement
- Curriculum vitae or résumé (printed in English)
- Copy of J Program invitation letter (signed by exchange visitor)
- Copy of Diploma with English translation attached or an unofficial transcript (if you do not possess a professional degree)
- Federal Express or DHL way bill (completed) if EVS will send DS-2019 directly to the Exchange Visitor.
- Supplemental Dependent Form (If applicable)

INITIAL PROGRAM PROCEDURES:

Before the request form is completed, relevant information must be obtained from the prospective exchange visitor, including information about his or her previous visits to the U.S.

- Exchange visitor completes and submits the Exchange Visitor Form to the respective UF department.
- UF department completes the DS-2019 Request Form (pages R2 and R3), print, and have the required signatures posted, after receiving the electronic version of Exchange Visitor DS-2019 Request Form from the prospective exchange visitor via email. Entire EV DS-2019 Request Form to EVS (evs@ufic.ufl.edu) must be submitted via email, with supporting documents as attachments, no later than 60 days before the start date of the J program. Incomplete application packets will be returned to the sponsoring department.
 - Assign exchange visitor a UFID number before the DS-2019 request form is submitted (Exchange visitors who will not be paid by UF will be assigned a UFID number if identified as Departmental Associates)
 - Receive notification (via email) that exchange visitor's DS-2019 and the pre-arrival packet has been prepared (pre-arrival information includes: (1) SEVIS fee/Form I-901 requirements, the exchange visitor pays on line prior to the visa appointment; (2) Change of status/Form I-539 filing procedure required **if the exchange visitor is currently in the U.S.**; and, (3) Arrival period restrictions that address exchange visitor's entry into the U.S. up to thirty days before the official program start date
 - Notify EVS if the exchange visitor cannot arrive by the initial start date on the DS2019 and provide updated arrival information

Complete packets must be submitted no later than 60 days before program start date

DS-2019 Request Form

The following section must be completed by the UF Department/Center administrator and submitted to EVS.

Last Name _____ UFID _____

First Name _____ Middle Name _____ Suffix _____

Name of Site of Activity _____

Address Line 1 _____

Address Line 2 _____

City _____ State _____ Postal Code _____ Routing Code _____

Will the scholar be employed by or visiting other U.S. institutions, during, before, or after UF visit? _____

If the scholar will undertake activities at additional sites of activities or other U.S. institutions, during, before, or after UF visit, the details must be included in the invitation letter.

FINANCIAL SUPPORT:

Financial support documentation from the supporting agency for the period requested must be attached.

Financial support from organizations other than the University of Florida will be provided by one or more of the following:

_____ Has the program sponsor received funding for international exchange from one or more US government agencies to support this exchange visitor? Answer "YES" only if the scholar is specifically named in the grant. This question must be answered for all financial support categories.

University of Florida (including grants paid through payroll) _____

Is this non-tenure accruing position eligible for UF benefits? (MUST BE ANSWERED) _____

U.S. Government Agency (direct payment to scholar, not through UF) _____

Name of Org. or Code _____

International Organization _____

Name of Org. or Code _____

The Exchange Visitor's Government _____

NOTE: The visitor may be subject to the 2-year home-return rule (212e) if funding is provided directly from the visitor's home government.

The Binational Commission of the Visitor's Country _____

All other organizations providing support _____

Name of Org. or Code _____

Personal Funds. _____

Attach a bank statement in English and US dollars. If personal funds are from a family member or friend, also attach the [Certification of Financial Responsibility \(CFR\) form.](#)

Last Name _____ UFID _____
First Name _____ Middle Name _____ Suffix _____

Start date of activity at UF _____ End date of activity at UF _____

Visitor Category _____ Subject Field Code (CIP Code ONLY) _____

Home Country Position Code _____

Please describe briefly the activity (research, teaching, etc.) to be performed during the program:

ACKNOWLEDGMENT OF SPONSORSHIP RESPONSIBILITY:

Federal regulations require that J-1 exchange visitors and J-2 dependents are covered by health/accident insurance which meets specific requirements for the duration of their program. If the scholar does not meet the insurance coverage requirement upon arrival in the U.S., his/her SEVIS record will not be validated. If the scholar does not maintain the insurance coverage requirement, his/her SEVIS record will be terminated, and the scholar will be required to leave the U.S. immediately.

As sponsor and/or department chair/center director, I accept responsibility for ensuring that the J scholar, whose name is posted above, maintains the required J exchange visitor insurance coverage throughout the duration of the sponsored J program.

I certify that I have conducted a live personal interview with the exchange visitor and verified that his/her command of English is sufficient to perform their jobs or complete their academic programs, to navigate daily life in the United States, to read and comprehend program materials, to understand fully their responsibilities, rights and protections, and to know how to obtain assistance, if necessary.

Signature of Faculty Sponsor _____ Date _____

Name of Faculty Sponsor and Title _____

UF Department/Center _____

UF College _____

Signature of Chair/Director _____ Date _____

Name of Chair/Director _____

Signature of Department Contact _____ Date _____

Name of Department Contact _____ Email _____ Phone _____ Fax _____

UF Department/Center sponsor or administrative staff must provide signature for acknowledgment purposes.

Department must indicate ONE of the following processing methods for DS-2019 form. If the third option is selected, a pre-addressed electronically generated DHL or Fed Ex way bill must be included with this request.