



INTERNATIONAL SERVICES  
Connect with the World

EXCHANGE VISITOR PROFILE  
(DS-2019 Request Form B)

The Exchange Visitor must complete this form and return it to the FGCU department sponsor.  
Please complete online before printing to sign and forward to FGCU. Thank you.

Exchange Visitor's Data

Exchange Visitor's Family Name                      First Name                      Middle Name

Male     Female

Date of Birth (mm/dd/yy)

Place of Birth

City

Country

Country of Citizenship

Country of Legal Residence

Present position

Teacher                       Professor                       Lecturer  
 Research Scholar                       Specialist                       Other

Institution/location of present position

Before you begin this FGCU program will you have been in the U.S within the past 12 months as a J-1 student, professor, research scholar, or J-2 dependent?

No     Yes

If YES, what category (student, researcher, scholar)

Mail Address (Abroad)

Phone

Fax

Email

**Dependent Data**

If your dependents will come to the U.S during your program, you must provide evidence of sufficient financial support prior to the issuance of their DS-2019. List below dependents (spouse and children under 21). Please indicate who will accompany you or will join you later (if "will join later," please include start and end dates):

Relationship (spouse/child) (mm/dd/yy)	Family Name	Given Name	Birthdate (mm/dd/yy)	Birthplace	Country of Citizenship and Legal Residence	Come with me to U.S. Yes or No	Will join later. Provide start and end dates

U.S. government regulations require that you and your dependents, who come during your program, be covered by medical and accident insurance meeting specific requirements for the duration of stay in the U.S. If you or your dependents are not already covered at the time of arrival, you must purchase coverage upon arrival. All exchange visitors will be provided information on medical insurance requirements and insurance programs available to them.

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**I certify that the information provided is true and accurate to the best of my knowledge.**

An original signature of the visitor is not required. An FGCU department sponsor may sign to verify accuracy of information.

Signature of Exchange Visitor

Date

**OR**

Signature of FGCU Department Sponsor

Date

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Please use the space below to provide additional information corresponding to any previous questions on this form.