

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.