

**Florida International University
Office of International Student & Scholar Services**

**APPLICATION FOR INITIAL FORM DS-2019
Certificate of Eligibility for J-1 Exchange Visitor
Non-Degree Student**

To complete this form, please refer to the Instructions for completing DS-2019 Request Form attached.

Submit this request to *Dr. Ana M. Sippin, Director, Office of International Student & Scholar Services*, to prepare form DS-2019 for the below-named foreign national, who will be invited to FIU as a non-degree seeking student.

Name of Faculty Member Making Request Title

Department/Campus Address Contact Person Extension

EXCHANGE VISITOR INFORMATION: PLEASE TYPE OR PRINT CLEARLY

NAME: _____ MALE _____
 FAMILY NAME GIVEN FEMALE _____

ADDRESS IN HOME COUNTRY: _____

DATE OF BIRTH: _____ (mo/day/yr) PLACE OF BIRTH: _____ (city) (country)

CITIZEN OF: _____ PERMANENT RESIDENT OF: _____

POSITION IN HOME COUNTRY: _____

HAS THIS PROSPECTIVE EXCHANGE VISITOR BEEN PREVIOUSLY IN THE UNITED STATES AS AN EXCHANGE VISITOR IN J-1 STATUS?
IF YES, PLEASE PROVIDE THE FOLLOWING INFORMATION AND ATTACH COPIES OF ALL DS-2019 FORMS ISSUED:

DATES	LOCATION	CATEGORY

U.S. ADDRESS IS/WILL BE: _____

ANTICIPATED DATES OF FIU PROGRAM: _____ (mo/day/yr) TO _____ (mo/day/yr)

IS THE EXCHANGE VISITOR CURRENTLY IN A DEGREE PROGRAM AT ANY UNIVERSITY? _____

IF YES, PLEASE INDICATE DEGREE SOUGHT, MAJOR FIELD, INSTITUTION AND LOCATION: _____

DOES THIS EXCHANGE VISITOR WISH TO PURSUE A DEGREE AT FIU? _____

SUBJECT FIELD OF STUDY: _____

PLEASE PROVIDE A SPECIFIC DESCRIPTION OF THIS EXCHANGE VISITOR'S STUDY, RESEARCH, AND PROFESSIONAL ACTIVITIES AT FIU AND THE LEVEL (UNDERGRADUATE OR GRADUATE):

EXCHANGE VISITOR'S DEPENDENTS: THIS EXCHANGE VISITOR WILL

_____ BE ACCOMPANIED BY _____ DEPENDENTS UPON ARRIVAL TO FIU.
_____ COME ALONE AT FIRST AND BE JOINED BY _____ DEPENDENTS LATER.

_____ NOT BE ACCOMPANIED BY DEPENDENTS DURING HIS/HER FIU PROGRAM.

IF APPLICABLE, PLEASE ATTACH A SEPARATE SHEET LISTING THE FOLLOWING ABOUT EACH DEPENDENT WHO WILL ACCOMPANY OR JOIN THE EXCHANGE VISITOR: NAME, RELATIONSHIP TO THE EXCHANGE VISITOR, DATE OF BIRTH, COUNTRY OF BIRTH, AND COUNTRY OF CITIZENSHIP AND ADDRESS IN HOME COUNTRY. NOTE: DEPENDENTS MUST BE ENROLLED IN THE MEDICAL INSURANCE PLAN AVAILABLE FOR FIU STUDENTS AND SCHOLARS.

DOCUMENTATION OF FUNDING: ALL AMOUNTS AND SOURCES MUST BE INDICATED BELOW AND DOCUMENTED IN SUPPORTING MATERIALS. PLEASE REFER TO THE INSTRUCTIONS FOR COMPLETING DS-2019 REQUEST FORM FOR COMPLETE INFORMATION ABOUT REQUIRED DOCUMENTATION OF SUPPORT.

PLEASE INDICATE THE DOLLAR AMOUNT OF SUPPORT WHICH WILL BE PROVIDED FOR THE EXCHANGE VISITOR BY FIU:

\$ _____ DEPARTMENT _____

PLEASE INDICATE BELOW THE SPECIFIC SOURCE(S) AND AMOUNT(S) OF THE EXCHANGE VISITOR'S FUNDING FROM NON-FIU SOURCES:

_____ U.S. GOVERNMENT AGENCY	_____	_____
	(AGENCY)	(AMOUNT)
_____ EXCHANGE VISITOR'S GOVERNMENT	_____	_____
	(GOVERNMENT)	(AMOUNT)
_____ BI-NATIONAL COMMISSION OF EXCHANGE VISITOR'S COUNTRY	_____	_____
	(COMMISSION)	(AMOUNT)
_____ ALL OTHER ORGANIZATIONS	_____	_____
	(NAME/S)	(AMOUNT)
_____ PERSONAL FUNDS/PRIVATE SPONSOR	_____	_____
	(NAME/S)	(AMOUNT)

EXCHANGE VISITOR MEDICAL INSURANCE: PLEASE CHECK ONE:

THIS EXCHANGE VISITOR AND DEPENDENTS WILL PURCHASE THE FIU APPROVED MEDICAL INSURANCE POLICY PRIOR TO ISSUANCE OF THE DS-2019 FORM. ENROLLMENT FORM AND PAYMENT ATTACHED.

THIS EXCHANGE VISITOR AND DEPENDENTS WILL BE COVERED BY THE MEDICAL INSURANCE PLAN OFFERED AS PART OF THE STANDARD BENEFITS PACKAGE AVAILABLE TO EXCHANGE VISITORS WHO ARE UNIVERSITY EMPLOYEES AND WILL PURCHASE A SEPARATE POLICY PROVIDING EMERGENCY MEDICAL EVACUATION AND REPATRIATION. DOCUMENTATION INDICATING EFFECTIVE DATE OF COVERAGE IS REQUIRED PRIOR TO ISSUING THE DS-2019 FORM. IF THE EXCHANGE VISITOR'S PROGRAM COMMENCES PRIOR TO THE EFFECTIVE DATE OF COVERAGE, THE EXCHANGE VISITOR AND DEPENDENTS WILL PURCHASE THE FIU APPROVED POLICY FOR THAT PERIOD OF TIME.

CERTIFICATION OF FACULTY SPONSOR: PLEASE READ AND SIGN.

I CERTIFY THAT I AM INVITING THE PROSPECTIVE EXCHANGE VISITOR NAMED HEREIN FOR FIU TO PURSUE THE ACTIVITIES DELINEATED ABOVE. FUNDING WILL BE PROVIDED AS INDICATED FOR THE PERIOD CERTIFIED ABOVE. I UNDERSTAND THAT ALL EXCHANGE VISITORS ARE REQUIRED BY FEDERAL REGULATION AND FIU TO CARRY ADEQUATE MEDICAL INSURANCE, AND I WILL ENSURE THAT THIS EXCHANGE VISITOR CARRIES MEDICAL INSURANCE AS DESCRIBED ABOVE. I UNDERSTAND AND WILL EXPLAIN TO THIS EXCHANGE VISITOR THAT EXCHANGE VISITOR SCHOLARS/RESEARCHERS ARE NOT PERMITTED TO CHANGE TO THE STUDENT CATEGORY AFTER THEIR ENTRY INTO THE UNITED STATES.

SIGNATURE OF FACULTY SPONSOR

DATE

CERTIFICATION OF DEPARTMENT HEAD/ACADEMIC DEAN: PLEASE REVIEW THIS DOCUMENT IN FULL AND INDICATE SUPPORT AND APPROVAL BY SIGNING BELOW.

DEPARTMENT HEAD SIGNATURE

NAME (PRINTED)

DATE

ACADEMIC DEAN SIGNATURE

NAME (PRINTED)

DATE

APPROVAL OF DIRECTOR, OFFICE OF INTERNATIONAL STUDENT & SCHOLAR SERVICES: SIGNATURE BELOW INDICATES APPROVAL TO PREPARE AND ISSUE FORM DS-2019 FOR THE ABOVE-NAMED EXCHANGE VISITOR.

Dr. Ana M. Sippin, Director
International Student & Scholar Services or
designee

DATE

FLORIDA INTERNATIONAL UNIVERSITY

**INSTRUCTIONS FOR COMPLETING DS-2019 REQUEST FORM
FOR PROFESSORS, RESEARCHERS, SHORT-TERM SCHOLARS OR SPECIALIST**

General Information About Exchange Visitor Status: The Exchange Visitor (J-1) Program, under the oversight of the United States Department of State, is designed to bring non-immigrants into the United States for temporary visits (usually 3 years or less) as students, trainees, teachers, researchers, professors, scholars, etc. At the conclusion of their J-1 program, most exchange visitors are required to return to their home country for two years before they are eligible to change to another non-immigrant status (for example, F-1, H-1, etc.) or to become permanent residents. Those exchange visitors who are required to return home are said to be “subject to 212 e,” the section of the law that requires the “two-year home country residence requirements.”

A prospective exchange visitor receives a Certificate of Eligibility, Form DS-2019 from the J-1 program sponsor who will be supervising his or her J-1 program in the United States. Florida International University has been certified as a program sponsor, and we bring visitors to our campus as professors, researchers, short-term scholars or specialist. Documentation of the exchange visitor’s proposed activities and funding as well as the sponsorship of a faculty member and approval of the Department Head and Academic Dean, are required prior to issuance of the DS-2019 form.

The individual charged with oversight of the University’s J-1 program is the J-1 Responsible Office, the Director of the Office of International Student and Scholar Services. This individual signs Forms DS-2019 and interprets the J-1 regulations for exchange visitors, faculty, and other members of the University community.

Information about the Exchange Visitor Program and relevant regulations should be addressed to Dr. Ana M. Sippin, Director, Office of International Student and Scholar Services, GC 242, extension 7-2421.

General Information About Completing Attached Form: A faculty member who wishes to invite foreign visitors to Florida International University for a maximum of three years should use the attached application. It is NOT to bring visitors here as students. The faculty member, not the prospective exchange visitor, should complete all sections and then secure approval from the Department Head and the Academic Dean. The Form DS-2019 is prepared in the Office of International Student & Scholar Services and then returned to the faculty sponsor to be mailed to the exchange visitor. Completed forms with required documents should be mailed to the exchange visitor. Completed forms with required documents should be submitted two months in advance of the anticipated program dates whenever possible.

Exchange Visitor Information: This information must be completed in full; it will later appear on the Form DS-2019. In the section describing the exchange visitor’s study and research activities at FIU, please indicate any employment or anticipated employment as well as the study and research activities planned. For employment to be legal, it must be stated on the Form DS-2019. Consult with ISSS for questions about completing this section.

Documentation of Funding: For funding from Florida International University, U.S., or home-country government, bi-national commission, or organizational sponsor, attach an original letter of support. The letter must be typed on letterhead, show the exchange visitor’s name, the dates of sponsorships, the specific dollar amount to be provided, indicate that sponsorship is for the exchange visitor’s work at FIU, and be signed in the original application with a current date. Letters without a current date or without specific dollar amounts are not acceptable. The documented funding must be sufficient to provide for exchange visitor’s support during the period of FIU sponsorship. See attached for information about minimum amount required. If any part of FIU funding was provided by U.S. government grants awarded specifically for the purpose of international exchange or to support this specific exchange visitor, the sponsoring faculty member should consult with the Director of ISSS. This could affect the legal status of the prospective exchange visitor. For personal or private support, an original bank letter, and if applicable, original letter of sponsor’s support (or Form I-134) must be attached. The funds on deposit must be sufficient for the full length of the exchange visitor’s stay.

Exchange Visitor’s Dependents: Dependents of J-1 exchange visitors enter the United State as J-2 dependents. Documentation of additional funds to support dependents is required. The Responsible Officer will issue a separate form DS 2019 for each prospective dependents to enable them to apply for J-2 visas.

Exchange Visitor Medical Insurance: The Department of State requires that all exchange visitors and their J-2 dependents maintain medical insurance adequate to pay medical expenses in case of medical emergency. In compliance with its responsibilities under federal law, FIU requires that all exchange visitors and their dependents purchase the medical insurance policy available in the Office of International Student and Scholar Services. This policy must be purchased for the exchange visitor and all J-2 dependents. Dependents on J-2 status must be enrolled in this medical insurance plan for the duration of their approved program

prior to issuance of the Form DS-2019. (Many departments pay the medical insurance for the exchange visitor with a requisition). For exchange visitors receiving the standard benefits package for employees including medical insurance, consult with ISSS about requirements.

Certification of Faculty Sponsor/Department Head/Academic Dean: We rely on you to verify the credentials of the prospective exchange visitor, conduct academic advising, and to monitor closely his/her activities during the period FIU sponsorship, including compliance with the Department of State/FIU medical insurance requirement. We have general oversight responsibilities for all FIU exchange visitors and are available to assist you in understanding the regulations or with any concern related to the Exchange Visitor Program.

Attachments: A copy of the resume or curriculum vitae, the financial support documents, and the list of accompanying dependents must be attached.

Notice of Arrival: When the exchange visitor arrives, please NOTIFY ISSS and HAVE THE EXCHANGE VISITOR REPORT TO THE OFFICE OF INTERNATIONAL STUDENT & SCHOLAR SERVICES WITH FORM DS-2019, PASSPORT AND I-94. A local address must be provided and the record must be activated prior to the completion date on the form DS-2019.

Notice of Departure: When the exchange visitor completes the program objective at FIU or terminates his or her program at FIU, please notify ISSS in writing by fax at 7-1521 or e-mail: sippina@fiu.edu.

Cancellation/Denial of Visa: When a prospective J-1 exchange visitor cancels or is denied a visa, ISSS must be notified and the FORM DS-2019 must be returned. Insurance must be cancelled in writing.

ESTIMATE OF LIVING EXPENSES FOR EXCHANGE VISITORS AND FAMILIES

The estimate for living expenses for Exchange Visitors and their families is listed as a minimum requirement. Exchange Visitors must provide evidence of funding as follows:

EXCHANGE VISITOR:	\$1,500 per month
SPOUSE:	\$ 600 per month
EACH CHILD:	\$ 400 per month

Official offer of employment letters from FIU, a bank letter, or letters from a government, organization or foundation may fulfill this requirement. Letters must be written in English on official letterhead. Funding must be indicated in US dollars. Original letters are required.

DOCUMENT CHECKLIST FOR REQUESTING FORM DS-2019 FOR EXCHANGE VISITOR SCHOLARS

_____ Completed application requesting form DS-2019.

_____ If applicable, copies of all previous DS-2019 forms issued to prospective exchange visitor.

_____ Funding document(s):

_____ Offer letter from FIU department indicating salary.

_____ Letter from sponsoring university, organization or government in English indicating funding in US dollars.

_____ Resume or curriculum vitae.

_____ Dependent information, if applicable.

_____ Completed Medical Insurance enrollment form with payment or copy of requisition if paid by FIU department with purchase order number.

PERSON COMPLETING FORM: _____ EXTENSION: _____

EMAIL: _____ FAX: _____
