

**Florida Atlantic University ~ Division of Student Affairs ~ International Student and Scholar Services**

Boca Raton Campus: 777 Glades Road, SU 214, Boca Raton, FL 33431 Tel. (561) 297-3049 Fax: (561) 297-2446  
Davie Campus: Multicultural Affairs (MD-G 13), 2912 College Avenue, Davie, FL, 33314, Tel. (954) 236-1257 Fax: (954) 236-1213  
MacArthur Campus: Diversity Services (SR 117), 5353 Parkside Dr., Jupiter, FL 33458, Tel. (561)799-8585 Fax: (561) 799-8721

**Email (all locations): [iss@fau.edu](mailto:iss@fau.edu)**

**REQUEST FOR DS-2019 (CERTIFICATE OF ELIGIBILITY FOR J-1 EXCHANGE VISITORS)  
J-1 INTERNS (22 CFR 62.22)**

**The student intern option is a subcategory under the College and University Student Category through the Exchange Visitor Program. To request a Form DS-2019 for a prospective international student intern, departments must submit the application packet to the International Student and Scholar Services (ISSS) Office at least 60 days prior to the desired internship start date. The information and documents included in this packet were developed based on existing federal regulations in order to determine eligibility of prospective internship applicants and suitability of internships offered at FAU.**

**General Information**

- Interns must be currently enrolled and pursuing studies at a post-secondary academic institution outside the U.S., or must have graduated from such an institution within 12 months prior to the proposed internship start date.
- Internships are up to 12 months in length without the possibility of extension beyond this period.
- Upon completing the internship program, participants must return to their home country and resume (if applicable) their academic programs in order to graduate from the post-secondary institution outside the U.S.
- The internship experience must be at least 32 hours per week with no more than 20 percent of the total activities consisting of clerical work.
- The program must provide the participants with opportunities to expand upon existing knowledge and skills, and must expose participants to American techniques, methodologies, and expertise.
- The program must not duplicate the participant’s prior work experience or training received elsewhere.
- Internships may not involve child care, elder care, clinical/medical care, or aviation.
- Additional requirements exist for Hospitality/Tourism and Agriculture-related internships.
- Interns must have on-site supervision in completing daily tasks related to their internship activities.
- Interns must be evaluated on a regular basis, at least once every six months. All evaluations must be completed and signed by the host faculty prior to the conclusion of the internship program. Copies of the evaluations must be provided to ISSS.

**Application Checklist**

- \_\_\_ DS-2019 Request (Part I and Part II)
- \_\_\_ Form DS 7002 (to be completed by the host faculty member) – Training/Internship Placement Plan (the form can be downloaded at <http://www.state.gov/documents/organization/84240.pdf> )
- \_\_\_ Interview Report Form
- \_\_\_ English Language Certification Form
- \_\_\_ Academic Status Certification Form
- \_\_\_ Appropriate Funding Documentation
- \_\_\_ Prospective Intern’s Resume or Curriculum Vitae

**REQUEST FOR DS-2019 (CERTIFICATE OF ELIGIBILITY FOR J-1 EXCHANGE VISITORS)  
TO INVITE J-1 INTERNS**

**PART I: TO BE COMPLETED BY THE SPONSORING DEPARTMENT AT FAU**

**Department Information**

Host Department: \_\_\_\_\_ Host Faculty Member: \_\_\_\_\_  
 Campus Address: \_\_\_\_\_ Phone# \_\_\_\_\_ Fax# \_\_\_\_\_ Email: \_\_\_\_\_  
 Primary Supervisor (if different from host faculty member) \_\_\_\_\_  
 Phone # \_\_\_\_\_ Email: \_\_\_\_\_ Fax # \_\_\_\_\_

Document delivery preference: \_\_\_ Call for pickup \_\_\_ Send by campus mail \_\_\_ Mail to prospective intern directly\*  
 \* ISSS can only mail documents via regular mail (no express, overnight, or special carrier delivery).

**Internship Program Information**

Internship Start Date \_\_\_\_\_ Internship End Date \_\_\_\_\_  
 Physical Location of the Internship (complete address including zip code): \_\_\_\_\_

Total hours per week (min. 32 required) \_\_\_\_\_ Hours of clerical activities per week \_\_\_\_\_  
 Will this internship include any childcare, medical patient care, aviation, or unskilled labor (yes/no)? \_\_\_\_\_

Description of Internship Activities \_\_\_\_\_

**Funding Information**

Financial documentation for the J-1 intern and any accompanying dependents must be provided. Foreign language documents must be accompanied by a certified English translation. A combination of financial sources can be used to meet the required amount.

CATEGORY (Estimated expenses include housing, food, insurance, transportation, etc.)	J-1 Only	J-1 with Spouse	J-1 with Spouse and One Child	J-1 with Spouse and Two or More Children
Monthly Estimated Living Expenses	\$1,500	\$1,920	\$2,170	\$2,420
Yearly Estimated Expenses	\$18,000	\$23,040	\$26,040	\$29,040

Yearly Estimated Expenses for Spouse: \$5,040; Yearly Estimated Expenses for One Child: \$3,000; Yearly Estimated Expenses for Two or More Children: \$6,000

Type of Funds	Name of funding source	Amount
Florida Atlantic University	_____	_____ per (year, month, etc.) _____
US Government Funds	_____	_____ per (year, month, etc.) _____
International Organization	_____	_____ per (year, month, etc.) _____
Foreign Government	_____	_____ per (year, month, etc.) _____
Binational Commission	_____	_____ per (year, month, etc.) _____
Personal Funds	_____	_____ per (year, month, etc.) _____
Other	_____	_____ per (year, month, etc.) _____
(Explain)	_____	

**Departmental Approvals**

By signing this document, the responsible parties agree that they understand the terms and conditions of inviting the above-named prospective intern as a J-1 Exchange Visitor and they will fulfill their department obligations in meeting the internship purpose and guidelines.

Host Professor: \_\_\_\_\_  
 Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Direct Supervisor \_\_\_\_\_  
 Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Department Chair \_\_\_\_\_  
 Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Dean: \_\_\_\_\_  
 Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**PART II: TO BE COMPLETED BY PROSPECTIVE INTERN**

FAU Department and Contact Person: \_\_\_\_\_

**Personal and Academic Information**

Name (as it appears in the passport) \_\_\_\_\_

Gender: Male \_\_\_ Female \_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Last/family/surname      First/Given      Middle  
Month/Day/Year      City/Province/Country

Country of Citizenship: \_\_\_\_\_ Country of Permanent Residence: \_\_\_\_\_

Residential address in the home country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_

U.S. Address (if not available, include department address): \_\_\_\_\_

Highest Academic Degree Received: \_\_\_\_\_ Field of Study \_\_\_\_\_ Completion date: \_\_\_\_\_

Current or Most Recent Employer and Position in country of citizenship or legal permanent residence (if applicable): \_\_\_\_\_

If currently a student, indicate Post-Secondary Institution Abroad: \_\_\_\_\_

Current Academic Degree: \_\_\_\_\_ Expected Completion Date: \_\_\_\_\_

Field of Study: \_\_\_\_\_

**J Exchange Visitor Program History**

Previous J Exchange Visitor Programs (include time spent in J-2 status): None \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Category (student, research scholar, etc.) \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Category (student, research scholar, etc.) \_\_\_\_\_

Have you ever applied for a waiver of the Two-Year Home Country Residency Requirement? No \_\_\_ Yes \_\_\_

If yes, explain the current status of your application: \_\_\_\_\_

**Dependent Information (See Part A for Financial Documentation Guidelines)**

Will any J-2 dependents (spouse, children) accompany you in the U.S.? Yes \_\_\_ No \_\_\_

List names as they appear in the passport and attach copies of the passport or national ID card.

Spouse: \_\_\_\_\_ Gender: Male \_\_\_ Female \_\_\_

Country of Citizenship: \_\_\_\_\_ Country of Permanent Residence \_\_\_\_\_

Child: \_\_\_\_\_ Gender: Male \_\_\_ Female \_\_\_

Country of Citizenship: \_\_\_\_\_ Country of Permanent Residence \_\_\_\_\_

Child: \_\_\_\_\_ Gender: Male \_\_\_ Female \_\_\_

Country of Citizenship: \_\_\_\_\_ Country of Permanent Residence \_\_\_\_\_

CATEGORY (Estimated expenses include housing, food, insurance, transportation, etc.)	J-1 Only	J-1 with Spouse	J-1 with Spouse and One Child	J-1 with Spouse and Two or More Children
Monthly Estimated Living Expenses	\$1,500	\$1,920	\$2,170	\$2,420
Yearly Estimated Expenses	\$18,000	\$23,040	\$26,040	\$29,040

**Acknowledgment of Insurance Requirement:**

*The Exchange Visitor Program requires all program sponsors to notify exchange visitors that they and their dependents must comply with insurance requirements mandated by the Exchange Visitor Program and by Florida Atlantic University. J-1 Exchange Visitors sponsored by FAU must purchase the university-sponsored insurance plan.*

*(Exception: J-1 Scholars who receive FAU employee benefits may fulfill their insurance obligation by enrolling in an insurance plan available to FAU employees AND by purchasing the Medical Evacuation/Repatriation insurance rider).*

*I have been notified that I must have medical insurance for myself and accompanying dependents as stated above. I understand that failure to comply with this requirement may result in termination from the FAU J Exchange Visitor Program.*

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**INTERVIEW REPORT FORM**

Prospective Applicants for the Intern Program  
J Exchange Visitor Program at Florida Atlantic University  
International Student and Scholar Services Office  
561-297-3049 ~ Fax 561-297-2446 ~ Email: [iss@fau.edu](mailto:iss@fau.edu)

This form is a required part of the application process for the Intern category under the J Exchange Visitor Program. The form must be completed and signed by the host faculty member at Florida Atlantic University. If a written agreement exists between FAU and the prospective intern’s home institution, the form may also be signed by a representative from the intern’s home university.

1. Name of Student \_\_\_\_\_

2. The student was interviewed by \_\_\_\_\_  
(Name)

3. Interviewer’s position: \_\_\_ Host Faculty at FAU  
\_\_\_ Representative from intern’s home institution (attach copy of the written agreement between FAU and home institution)

4. Interview was completed on \_\_\_\_\_  
Month/Day/Year

5. The interview was completed (check appropriate choice):  
\_\_\_ In person      \_\_\_ By telephone      \_\_\_ By video/web camera

6. Explain how the internship relates to the intern’s current or recently completed studies:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Does this person have the adequate academic preparation for the proposed internship?  
\_\_\_ Yes      \_\_\_ No

8. Explain what specific skills and knowledge the intern will be able to gain from this internship, and how this internship differs from the intern’s previous internship or training experiences.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Interviewer’s signature \_\_\_\_\_ Date: \_\_\_\_\_

10. If the interviewer is from the university abroad, place official university seal or stamp here.  
\_\_\_\_\_

**ENGLISH LANGUAGE PROFICIENCY FORM**  
 Prospective Applicants for the Intern Program  
 J Exchange Visitor Program at Florida Atlantic University  
 International Student and Scholar Services Office  
 561-297-3049 ~ Fax 561-297-2446 ~ Email: [iss@fau.edu](mailto:iss@fau.edu)

This form is a required part of the application process for the Intern category under the Exchange Visitor Program. Applicants must demonstrate verifiable English language skills sufficient to function on a day-to-day basis in the internship environment.

1. Name of Student \_\_\_\_\_

**English language skills were evaluated by the following method (check the appropriate action below):**

2.  **The FAU host faculty member who conducted the interview and completed the Interview Report Form**

*Acknowledgment: I certify that I conducted an interview in English with the prospective intern on \_\_\_\_\_.*

*Month/Day/Year*

*His/her English language skills are sufficient for effective day-to-day functioning in the internship environment.*

_____	_____	_____
Host Faculty Member's Name	Signature	Date (month/day/year)

3.  **A certified English teacher**

*Acknowledgment: I am/was this prospective intern's English teacher from \_\_\_\_\_ to \_\_\_\_\_.*

*Month/day/year      Month/day/year*

*at \_\_\_\_\_*

*Name of Institution where the English language training took place*

*His/her English language skills are sufficient for effective day-to-day functioning in the internship environment.*

_____	_____	_____
English teacher's name	Signature	Date (month/day/year)

_____	_____	_____
Email address	Telephone Number	Fax Number (optional)

4.  One of the following standardized language proficiency tests\*:

- |   |                                |
|---|--------------------------------|
| ___ TOEFL Written (score) _____         | Minimum score required is 500. |
| ___ TOEFL Computer-based (score) _____  | Minimum score required is 173. |
| ___ TOEFLI Internet-based (score) _____ | Minimum score required is 61.  |
| ___ IELTS (score) _____                 | Minimum score required is 6.0  |

\*The minimum scores listed above are the same minimum scores required for admission at FAU. **Attach a copy of the test results.**

ACADEMIC STATUS CERTIFICATION FORM  
Prospective Applicants for the Intern Program  
J Exchange Visitor Program at Florida Atlantic University  
International Student and Scholar Services Office  
561-297-3049 ~ Fax 561-297-2446 ~ Email: [iss@fau.edu](mailto:iss@fau.edu)

This form is a required part of the application process for the Intern category under the J Exchange Visitor Program. The form must be completed and signed by an academic advisor or another authorized representative from the home institution where the prospective intern is currently enrolled or s/he last attended.

1. Name of Student: \_\_\_\_\_
2. Name of Institution: \_\_\_\_\_
3. Address of Institution: \_\_\_\_\_
4. Institution Website Address: \_\_\_\_\_
5. Type of Institution: \_\_\_ Post-Secondary      \_\_\_ Other (explain): \_\_\_\_\_
6. Is the student currently enrolled at this institution?
  - a. \_\_\_ Yes.      Dates of Enrollment: From \_\_\_\_\_ to Present  
Degree in progress: \_\_\_\_\_  
Expected completion date: \_\_\_\_\_
  - b. \_\_\_ No.      Dates of Enrollment: From: \_\_\_\_\_ to \_\_\_\_\_  
Degree Earned: \_\_\_\_\_
  - c. Field of Study \_\_\_\_\_
7. Will this internship be used to fulfill requirements towards degree completion?      \_\_\_ Yes      \_\_\_ No
8. Additional comments:  
\_\_\_\_\_  
\_\_\_\_\_

9. Authorized signature:

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Email address: \_\_\_\_\_

Place Official University Seal or Stamp Here

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