

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

**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) _____

Last/family/surname First/Given Middle

Gender: Male ___ Female ___ Date of Birth: _____ Place of Birth: _____
 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

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.

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

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
