

Exchange Visitor Program Category

___ SHORT TERM SCHOLAR: No minimum stay, 6 month maximum stay

Professors, researchers, or scholars whose purpose at FAU is to lecture, observe, consult and/or participate in seminars, workshops, conferences, study tours, professional meetings or similar educational and professional activities.

___ PROFESSOR (University Teaching and/or Research): 3 week minimum stay, 5 year continuous maximum stay

An individual primarily teaching, lecturing, observing; may also conduct research. **A two-year bar on repeat participation in the J professor or Research scholar categories will apply.**

___ RESEARCH SCHOLAR: 3 week minimum stay, 5 year continuous maximum stay

An individual primarily conducting research, observing or consulting in connection with research projects; may also teach or lecture. **A two-year bar on repeat participation in the J professor or Research scholar categories will apply.**

___ SPECIALIST: 3 week minimum stay, 1 year maximum stay

An individual who is expert in a field of specialized knowledge or skill, whose purpose will be to observe, consult or demonstrate special skills.

Note: ISSS will make the final determination regarding the most appropriate category and will notify the department if a category different from the one selected above is more suited for the proposed activity.

SECTION I-D: FUNDING INFORMATION

Funds available for the requested period of stay must meet minimum living expense requirements. The DS-2019 will not be issued without proof of appropriate sources of funding. A combination of funding sources can be provided. Use the table below to determine the minimum required levels of funding. The level and source of funding is an integral part of determining eligibility for obtaining the DS-2019 and a J-1 visa.

Estimated Expenses (housing, food, insurance, transportation, etc.)	Exchange Visitor	Exchange Visitor with Spouse	Exchange Visitor with Spouse and One Child	Exchange Visitor 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

Type of Funds	Amount per (year, month, etc.) in US\$	Name of Funding Source
Florida Atlantic University (Scholar will receive paycheck from FAU)*		
U.S. Government Funds (Scholar will receive payment directly from a U.S. government source)**		
International Organization**		
Foreign Government**		
Personal Funds**		
Other (explain) **		

*In sponsoring this exchange visitor, will FAU receive any funds for this program specifically for international educational exchange? ___ Yes ___ No

** If the funding is from a source other than FAU, a letter or other document from the funding source confirming the source, amount in US dollars, and dates of funding must accompany this request. Foreign language documents must be accompanied by a certified English translation.

SECTION I-E: ADDITIONAL QUESTIONS FOR DEPARTMENTS SPONSORING EXCHANGE VISITORS WITH NO FINANCIAL SUPPORT FROM FAU

The questions below pertain to all exchange visitors with NO financial support from FAU. The purpose of these questions is to determine J-1 status eligibility and to ensure that exchange visitors will be able to successfully complete their academic objectives and to fully benefit from the exchange experience. Please indicate “yes” or “no” for each statement:

- ___ The exchange visitor will spend the majority of his/her research time at a physical location within FAU.
- ___ The exchange visitor will be engaged primarily in collaborative research with other FAU faculty and researchers.
- ___ The exchange visitor will be engaged primarily in independent research (DS-2019 requests cannot exceed six months for the initial document, and extensions will not be granted beyond a total period of 12 months).
- ___ The exchange visitor has written leave permission from the home institution for the entire period requested through this document.
- ___ The host faculty formally assessed the prospective scholar’s spoken and written English abilities and determined that these skills are sufficient to successfully complete the proposed activities.
- ___ The inviting department will restrict access to sensitive research and materials as required by law and university policies.
- ___ The exchange visitor will receive a courtesy appointment.

Note: If a courtesy appointment will not be offered, please check type of support that the host department will provide to this exchange visitor: ___ FAU Email Account ___ FAU OWL Card ___ Library Access
 ___ Access to office computer ___ Access to office phone ___ Office space

SECTION I-F: PROGRAM REQUIREMENTS

INSURANCE REQUIREMENT

J-1 exchange visitors and their accompanying J-2 dependents are required by the Department of State to have insurance coverage. At this time, all J-1 visa holders sponsored by FAU must demonstrate compliance with this requirement in one of the following ways: (1) purchase an FAU-approved plan for visiting scholars (see options at <http://www.fau.edu/iss/current/insurance.php>), or (2) demonstrate eligibility for insurance coverage through the standard benefits package offered to FAU employees. **Failure to maintain insurance coverage as detailed above or misrepresentation of such coverage shall result in termination of participation in the exchange visitor program and/or employment.**

CHECK-IN REQUIREMENT

All Exchange Visitors must contact ISSS to schedule an appointment for check-in and a brief orientation. Due to federal reporting requirements, Exchange Visitors must arrive in the U.S. no later than 30 days after the program start date and report to ISSS/provide a local address within 10 days of arrival. Host departments must ensure that scholars complete the required reporting and must inform ISSS of any arrival delays beyond the start date listed on the DS-2019.

SECTION I-G: DEPARTMENTAL SIGNATURES

Sponsoring Faculty Member _____			
Name	Signature	Month	Day Year
Chair/Director _____			
Name	Signature	Month	Day Year
Dean _____			
Name	Signature	Month	Day Year

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

777 Glades Road, SU 214, Boca Raton, FL 33431 Tel. (561) 297-3049 Fax: (561) 297-2446

Email (all locations): iss@fau.edu

**REQUEST FOR DS-2019 (CERTIFICATE OF ELIGIBILITY) -- INTERNATIONAL VISITING SCHOLARS
PART II -- TO BE COMPLETED BY THE PROSPECTIVE EXCHANGE VISITOR**

Please return Part II to your sponsoring department/office at Florida Atlantic University (FAU). If you submit the form via fax or email, you must also send the original by mail. Fill in all the blanks and answer all questions (marking N/A if not applicable).

FAU DEPARTMENT: _____ Host Faculty Member Name: _____

SECTION II-A: PERSONAL INFORMATION

Name as indicated in your passport (include a copy of your passport or national identification card):

Last/Surname/Family Name _____ First/Given Name _____ Middle Name (s) _____

Contact Information: _____

Mailing address

Email address _____ Telephone _____ Fax (if available) _____

Gender: ___ Male ___ Female Date of Birth: _____ Place of Birth: _____
Month/Day/Year City/Province/Country

Country of legal permanent residence: _____ Country issuing passport: _____

Highest Academic Degree Received: _____ Field of Study _____ Completion date: _____

Current or Most Recent Employer and Position in country of citizenship or legal permanent residence: _____

Contact Information: _____

Mailing address

Email address _____ Telephone _____ Fax (if available) _____

SECTION II-B: 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: _____

Are you currently in the U.S.? ___ No ___ Yes If **yes**, check the appropriate item below:

___ I am currently in J-1 visa status and plan to transfer to FAU. Please enclose copies of your I-94 card, passport, visa, and DS-2019 form(s).

___ I am requesting a change of status from ___ to J-1. The expiration date of my current status is _____.

Enclose copies of your passport, I-94, visa stamp, and any other forms pertaining to your current immigration status.

___ I plan to travel outside the U.S. and apply for a J-1 visa.

SECTION II-C: DEPENDENT INFORMATION

Provide the following information for all J-2 dependents (spouse, children under 21) who will accompany you in the U.S. Use a separate page if necessary. List names as they appear in the passport or official national identification documents:

Name (Last, First, Middle) _____ Relationship: ___ Spouse ___ Child (under 21)

Gender: ___ Male ___ Female Date of Birth: _____ Place of Birth: _____
Month/Day/Year City/Province/Country

Country of legal permanent residence: _____ Country issuing passport: _____

Name (Last, First, Middle) _____ Relationship: ___ Spouse ___ Child (under 21)

Gender: ___ Male ___ Female Date of Birth: _____ Place of Birth: _____
Month/Day/Year City/Province/Country

Country of legal permanent residence: _____ Country issuing passport: _____

You must have enough funding sources for you and your dependents throughout the requested period of stay in J status. If the funding is from a source other than FAU, a letter or other document from the funding source confirming the source, amount in US dollars, and dates of funding must accompany this request. Foreign language documents must be accompanied by a certified English translation. The table below lists the minimum estimated living expenses for you and any dependents who plan to join you. All sources of funding are detailed in Part I of this form.

Estimated Expenses (housing, food, insurance, transportation, etc.)	Exchange Visitor	Exchange Visitor with Spouse	Exchange Visitor with Spouse and One Child	Exchange Visitor 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

SECTION II-D: MANDATORY INSURANCE AND CHECK-IN/ORIENTATION

The U.S. Department of State – through the Bureau of Educational and Cultural Affairs – administers and monitors the Exchange Visitor Program. Under the guidelines of this program, all J Exchange Visitors and their accompanying dependents must be familiar with the rules and regulations governing the program and must comply with the mandatory medical insurance requirements.

INSURANCE REQUIREMENT

J-1 exchange visitors and their accompanying J-2 dependents are required by the U.S. Department of State to have medical insurance. At this time, all J-1 visa holders sponsored by FAU must demonstrate compliance with this requirement in one of the following ways: (1) purchase FAU-sponsored insurance plan for international scholars and accompanying dependents throughout their stay at FAU, or (2) demonstrate eligibility for insurance coverage through the standard benefits package offered to FAU employees.

Failure to maintain insurance coverage as detailed above or misrepresentation of such coverage shall result in termination of participation in the exchange visitor program and/or employment.

CHECK-IN REQUIREMENT

Exchange Visitors must contact International Student and Scholar Services (ISSS) to schedule an individual appointment for check-in and a brief orientation within ten days of arrival to the U.S. Please bring the passport, DS-2019, and I-94 card (which you will receive upon entering the U.S.) for you and your dependents. At this time, a staff member at ISSS will go over the Exchange Visitor Program rules and regulations and will collect some information necessary to complete immigration reporting. Due to government reporting requirements, all exchange visitors must provide ISSS with a local address within 10 days of arrival.

SECTION II-E: PROSPECTIVE EXCHANGE VISITOR ACKNOWLEDGMENT & SIGNATURE

I, (list your full name) _____, confirm that the information provided in this request is accurate. I understand that I must complete the check-in/orientation process and comply with the medical insurance requirement.

Signature

Date (Month, Day, Year)