

**FLORIDA ATLANTIC UNIVERSITY
INTERNATIONAL STUDENT AND SCHOLAR SERVICES (ISSS)**

Student Support Building Suite 214 (561) 297-3049

Form C REAPPOINTMENT OF EXCHANGE VISITOR SCHOLARS (J-1 VISA)

PLEASE READ THE INSTRUCTIONS AND REVIEW THE FORMS CAREFULLY.
QUESTIONS REGARDING THESE FORMS SHOULD BE ADDRESSED TO THE ISSS.

To be completed by *FAU sponsoring* Department. Submit with supporting documents to ISSS. The DS-2019 will be prepared within ten working days after receipt of **all** required documents, providing the documents are **complete and accurate**. **Please type or print clearly.**

★ **PLEASE NOTE-** *Form DS-2019 will be issued for up to one year at a time within the following limitations on length of stay. Maximum of six (6) months for short term scholars, maximum of one (1) year for specialists, and a maximum of Three (3) years for research scholars and professors.*

FAU SPONSER INFORMATION

Date: ____/____/____ Department: _____ Phone: () _____

Department mailing address: _____

FAU Sponsoring Faculty Member: _____
Last Name, First Name Email

Departmental contact that will deliver and retrieve forms:

Last Name, First Name Phone Email

INFORMATION REGARDING THE SCHOLAR AND THE REAPPOINTMENT

Scholar's Full Name: _____
Family/ Last Name First/Given Name Middle

Scholar's FAU Address: _____

Scholar's Current Local Address: _____

FAU Title: _____ Field/Specialization: _____

Proportion of time to be spent as follows: Teaching _____% Research _____% Other: _____%

Brief general description of duties: _____

DATES OF APPOINTMENT: STARTING DATE: ____/____/____ ENDING DATE: ____/____/____
Month Day Year Month Day Year

Is it possible that the department will renew or extend the appointment beyond this date ? _____ If so, please explain briefly the terms that will determine renewal or extension _____

FUNDING

The exchange visitor will have a Florida Atlantic University total salary (FAU Paycheck) of: \$ _____ for the above named period. Use the table below to indicate all sources of additional funding (if applicable)

Agency Type	Name of Agency / Institution	U.S. Dollar Amount
U.S. Government Agency		\$
International Organization		\$
Foreign Government		\$
Personal Funds		\$
Other Organization		\$

★ Exchange visitors whose funding comes from sources other than Florida Atlantic University, or who are receiving additional funding from other sources must submit original forms of financial documentation (such as bank letters and awards letters) in English and referring to U.S. Dollars along with Form C

Please review the table below for important information regarding the **estimated cost** of living in the Boca Raton area. These figures represent minimal budgets for an average stay of 12 months. Financial documentation minimum figures are represented below.

If:	U.S. Dollars per year
SINGLE (OR NOT ACCOMPANIED BY SPOUSE):	\$ 18,000.00
ACCOMPANIED BY SPOUSE	\$ 23,040.00
ACCOMPANIED BY SPOUSE & ONE CHILD:	\$ 26,040.00
ACCOMPANIED BY SPOUSE & TWO CHILDREN:	\$ 29,040.00
ACCOMPANIED BY SPOUSE & THREE CHILDREN:	\$ 32,040.00

Please submit the following documents with this form:

- ◇ **Photocopy of Scholar’s current Immigration documentation**
 - Photocopies of scholar’s current Form I-94 and current visa
 - Copies of exchange visitors’ dependents’ Form I-94 must also be included.
- ◇ **Original documentation of financial support**
 - All financial documentation must be original, written in English and refer to U.S. Dollars (USD)
 - Exchange visitors funded privately must submit proof of adequate personal funds (refer to table above) for themselves and all dependents accompanying them. Please provide an original bank letter or statement (in English, U.S. Dollars)
 - Exchange visitors who are funded through government agencies, or any other institutions, must submit original documentation of financial support.
- ◇ **Documentation of Major Medical Insurance for period of new DS-2019**
 - Receipt of payment for extension of specified major medical insurance
 - Exchange visitors, whose dependents are continuing to accompany them, must provide proof of specified health care for their dependents as well as themselves.



Note: All exchange visitors must be prepared to purchase an extension of coverage of the FAU contracted health insurance for themselves and any dependents, prior to the issuance of the DS-2019. Information regarding that specified health insurance policy may be obtained by contacting International Student & Scholar Services (ISSS) at (561) 297-3049, or by calling Insurance for Students at (954) 771-5883. Scholars eligible for FAU employee insurance must document current employee coverage for themselves and any dependents and purchase the FAU supplemental repatriation/ medical evacuation policy for the period of the new DS-2019.

AUTHORIZATIONS: All required signatures must be obtained before Form DS-2019 will be prepared by ISSS

Sponsoring Faculty Member: _____ /_____/_____
 Last Name, First Name Date: Month/day/year

Chair/ Director’s Approval: _____
 Print Last Name, First Name Title

 Telephone Number Signature Date: Month/day/year

Dean’s Approval: _____
 Print Last Name, First Name Title

 Telephone Number Signature Date: Month/day/year