



**Important Information for the Department sponsoring this  
Scholar/Professor:**

In the event of any of the following, it is **MANDATORY** that you contact the ISSS:

1. If the Scholar /Professor is unable to enter the United States
2. If the Scholar/Professor cannot enter by the “*from*” date stipulated in no. 3 of the DS-2019
3. If there is a change in the funding as stated in no. 5 of the DS-2019
4. If the DS-2019 needs to be extended. This **MUST** be done before the date of expiration
5. Once the Scholar/Professor leaves
6. If the Scholar/Professor wants to transfer to another institution within the US.

**Also**

The Scholar/Professor **MUST** check-in with the ISSS immediately on his/her arrival in the US.

The Scholar/Professor must purchase FAU insurance for him/herself and dependents, if applicable.

The Scholar/Professor must inform the ISSS and your Department of changes in local address and/or telephone number.

**\*\*THIS FORM MUST BE COMPLETED, SIGNED AND RETURNED TO THE ISSS BEFORE THE DS-2019 CAN BE ISSUED.**

I understand and will ensure that my department complies with the rules stated above. I understand that failure to do so will seriously jeopardize the scholar/professor’s immigration status

Signature:

Date:

\_\_\_\_\_

Name:

\_\_\_\_\_

Position:

\_\_\_\_\_

Telephone number:

Dept.

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