

*International Services, Center of Global Engagement*

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**REQUEST FOR DS-2019 (CERTIFICATE OF ELIGIBILITY) -- INTERNATIONAL VISITING SCHOLARS**  
**PART I: TO BE COMPLETED BY THE FAU HOST DEPARTMENT**

**SECTION I-A: GENERAL INFORMATION**

Exchange Visitor: \_\_\_\_\_  
Last Name First Name Middle Name  
Primary Site of Activity \_\_\_\_\_  
Department Name: \_\_\_\_\_ Campus Address & Mail Code \_\_\_\_\_  
FAU Host Faculty Member (Name and Title): \_\_\_\_\_  
Telephone # Fax#: Email:  
Administrative Contact (Name and Title): \_\_\_\_\_  
Telephone # Fax#: Email:  
Document delivery preference: Contact department for pickup Contact scholar for self-pay express delivery

**SECTION I-B: PURPOSE OF THE REQUEST**

**New Scholar.** Requests must be submitted at least 60 days before the intended start date.

**Extension of Program for current scholar.** Only Part I must be submitted. Requests must be made at least 15 days prior to the current expiration date. Current DS-2019 expiration date: \_\_\_\_\_

**Change from another visa category.** Current immigration status \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Attach copy of current I-94 record. Requests should be made four to six months prior to program start date. The Exchange Visitor must contact ISSS directly regarding change of status application procedures and eligibility.

**Transfer from another J Exchange Visitor Program.** Institution Name: \_\_\_\_\_  
Exchange Visitor Program # \_\_\_\_\_. Initial date of current J Program \_\_\_\_\_.  
Contact person at current institution (Name and Title): \_\_\_\_\_  
Telephone # \_\_\_\_\_ Fax#: \_\_\_\_\_ Email: \_\_\_\_\_  
Attach copies of all previous DS-2019 forms and I-94 card (front and back). Requests should be made 30 days prior to program start date.

**SECTION I-C: PROGRAM INFORMATION**

Request Dates From (Month/Day/Year) \_\_\_\_\_ To (Month/Day/Year): \_\_\_\_\_

Do you anticipate possible extensions or transfers after this date? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ Not sure

Primary activity at FAU: \_\_\_\_ Teaching \_\_\_\_ Research \_\_\_\_ Other (explain): \_\_\_\_\_

Visitor's field of specialization (specify: chemistry, physics, etc.) \_\_\_\_\_

Brief description of activity: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Select a J-1 Category from the list below:

**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.

## SECTION I-D: VERIFICATION OF LANGUAGE PROFICIENCY (22 CFR 62.10 (2))

The U.S. Department of State expects exchange visitors to have a level of English language proficiency that allows them to successfully perform their scholarly activities, to navigate daily life in the US, to read and comprehend program materials, understand their responsibilities, rights, and protections, and to obtain assistance when necessary. English proficiency can be documented through one of the following options:

1. Skype interview in English with the prospective Exchange Visitor

*Acknowledgment: I certify that I conducted an interview in English with the prospective Exchange Visitor*

on \_\_\_\_\_  
Month/Day/Year

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

\_\_\_\_\_  
Host Faculty Member's Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (month/day/year)

2. Attended post-secondary education at an institution where English is the primary language of instruction for at least one academic year (copy of diploma or transcript and documentation confirming that English is the language of instruction if the institution is not in a country where English is the official language)

3. Taught university-level courses in English (letter from the academic institution is required), or demonstrated extensive use of spoken and written English in professional settings (i.e., publications written in English, conference presentations/speaking engagements)

*Acknowledgment: I certify that I reviewed the prospective Exchange Visitor's credentials and s/he meets the criteria described above.*

\_\_\_\_\_  
Host Faculty Member's Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (month/day/year)

4. One of the following standardized language proficiency tests was completed (attach copy of test results):

\_\_\_ 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

Note: Results are valid for two years from the test date.

## SECTION I-E: FUNDING INFORMATION

Funds available for the requested period of stay must meet minimum living expense requirements. A combination of funding sources can be provided. Use the table below to determine the minimum required levels of funding.

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 <b>(Scholar will receive paycheck from FAU)*</b>		
U.S. Government Funds <b>(Scholar will receive payment <u>directly</u> from a U.S. government source)**</b>		
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 funding is from a source other than FAU, a letter or other document from the funding source confirming the source, amount in U.S. dollars, and dates of funding must accompany this request. Foreign language documents must be accompanied by a certified English translation.

\*\* Individuals who are funded completely through personal funds must have ties with a research institution or university abroad, must have written permission from the home institution for the period of the DS-2019 request, and may only receive a DS-2019 for up to 12 months.

## SECTION I-F: ADDITIONAL REQUIREMENTS FOR DEPARTMENTS SPONSORING NON-PAID EXCHANGE VISITORS

The information below is necessary in order to determine J-1 status eligibility and to ensure that exchange visitors will be able to successfully complete their academic objectives. Please answer all questions:

1. The exchange visitor will be engaged primarily in collaborative research with other FAU faculty and researchers.  
Yes                      No
2. The exchange visitor has written leave permission from the home institution for the entire period requested through this document.  
Yes                      No
3. The inviting department will restrict access to sensitive research and materials and will follow university [export control regulations](#).  
Yes                      No
4. The exchange visitor will receive a courtesy/affiliate appointment.  
Yes                      No

If you answered “no” to item #4, please check type of support that the host department will provide to this exchange visitor:

<input type="checkbox"/> FAU Email Account	<input type="checkbox"/> FAU OWL Card	<input type="checkbox"/> Library Access
<input type="checkbox"/> Access to office computer	<input type="checkbox"/> Access to office phone	<input type="checkbox"/> Office space

5. The exchange visitor will spend the majority of his/her research time at a physical location within FAU.  
Yes                      No

If you answered “no” to item #5, please provide a brief description of where the visitor will be located during the period of J-1 sponsorship: \_\_\_\_\_

6. The exchange visitor will be engaged primarily in independent research without student contact (DS-2019s will only be issued for a maximum of 12 months if permitted by the circumstances).  
Yes                      No

If you answered “no” to item #5 and item #6, you must submit Volunteer Registration Form and the Volunteer Waiver Release Form in compliance with the [University Policy for Volunteers \(Regulation 6.1\)](#). These forms must be submitted at least 15 days in advance of the program start date.

\_\_\_\_ [Volunteer Registration Form](#)  
\_\_\_\_ [Volunteer Waiver and Release](#)

**Note:** A university background check is required for non-paid J-1 exchange visitors who fall under the **Category One** volunteer definition. The cost of the background check be covered by the host department or may be charged to the Exchange Visitor. Background check costs vary (estimated range: \$60 to \$200). Departments are responsible for making their own arrangements to collect the background check fee from the Exchange Visitors. Please send an email to [empl@fau.edu](mailto:empl@fau.edu) to request a background check.

## SECTION I-G: DEPARTMENTAL ACKNOWLEDGMENTS AND SIGNATURES

**Please review this information carefully before signing the form.**

The U.S. Department of State ([Bureau of Educational and Cultural Affairs](#)) administers and monitors the J Exchange Visitor Program. According to program regulations, 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.

### IMMIGRATION REPORTING REQUIREMENTS (22 CFR 62.15)

ISSS is required to maintain J-1 records in the SEVIS database and to ensure compliance with all immigration requirements pertaining to the Exchange Visitor Program. Due to the time-sensitive nature of these requirements, host departments must:

- ✓ Ensure that Exchange Visitors contact ISSS upon arrival for check-in and a brief orientation (to be completed within 10 days of arrival in the U.S.).
- ✓ Notify ISSS if the Exchange Visitor expects to arrive after the start date listed on the DS-2019.
- ✓ Notify ISSS of the Exchange Visitor's departure date (prior to the individual's departure).
- ✓ Notify ISSS of any events that may interfere the Exchange Visitor's successful progression and completion of the program.

### INSURANCE REQUIREMENT (22 CFR 62.14)

The U.S. Department of State requires J-1 exchange visitors and their accompanying J-2 dependents to have medical insurance with specific levels of coverage. All J-1 visa holders sponsored by FAU and their J-2 dependents 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; (2) demonstrate eligibility for insurance coverage through the standard benefits package offered to FAU employees; or (3) purchase an alternate insurance plan that meets the Exchange Visitor Program requirements (if choosing this option, individuals must present the Insurance Compliance Form, completed and signed by the insurance provider).

**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.**

## SECTION I-H: DEPARTMENTAL SIGNATURES

I hereby certify that the information provided on this form is true and correct to the best of my knowledge. I reviewed the information and I understand the college and departmental responsibilities of hosting this prospective exchange visitor.

**Sponsoring Faculty Member**

Name

Signature

Month Day Year

**Chair/Director**

Name

Signature

Month Day Year

**Dean**

Name

Signature

Month Day Year