

Division of Student Affairs ~ International Student and Scholar Services

Email (all locations): iss@fau.edu Website: www.fau.edu/iss

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**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). 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-E: MANDATORY INSURANCE AND CHECK-IN/ORIENTATION

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 AND CHECK-IN REQUIREMENT (22 CFR 62.15)

Exchange Visitors report to International Student and Scholar Services (ISSS) upon arrival to the U.S. to complete immigration check-in and schedule a brief orientation. Bring your passport, DS-2019, and I-94 arrival record (you may print this document after entering the U.S. at the following website: www.cbp.gov/I94). **Due to government reporting requirements, all exchange visitors must provide ISSS with a local address within 10 days of arrival.**

INSURANCE REQUIREMENT (22 CFR 62.14)

The US Department of State requires J-1 exchange visitors and their accompanying J-2 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 Alternate 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 II-F: PROSPECTIVE EXCHANGE VISITOR ACKNOWLEDGMENT & SIGNATURE

I, (list your full name) _____,
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 immigration reporting/check-in and insurance requirements.

Signature

Date (Month, Day, Year)