

Request Form for Certificate of Eligibility (DS-2019) for J-1 Exchange Visitor

INSTRUCTIONS TO THE SPONSORING DEPARTMENT

This form must be completed by the **sponsoring department contact person** and returned to the Office of International Admissions in care of Debbie VanAtta.

Please complete all items below for each exchange visitor. Items left incomplete will delay the processing of the Form DS-2019. Please allow 2-3 business days for DS-2019 processing.

Upon receipt and careful review of this form, the Responsible Officer will make a determination with regard to the issuance of the Certificate of Eligibility for J-1 Exchange Visitor Status (Form DS-2019), to be forwarded by the Sponsoring Department to the Exchange-Visitor, along with a letter of instruction.

All postage and other costs related to the issuance of the Form DS-2019 (including additional Form DS-2019 for dependent use) shall be assumed by the Sponsoring Department.

Please advise the Exchange Visitor that (s)he must report to the Office of International Admissions within TWO days of arrival in the U.S.A. The Exchange Visitor must present his/her passport, visa, I-94 Admission Card, proof of medical insurance and Form DS-2019 at the time of appointment.

Section A. Applicant Information

1. Exchange Visitor Name: _____
Family Name (as it appears on passport) First Name Middle Name
2. () Male () Female
3. Date of Birth: Month _____ Day _____ Year _____
4. Place of Birth: City _____ Country _____
5. Country of Citizenship: _____
6. Country of Permanent Residence: _____
7. Occupation in the Home Country: _____
8. Employer (*if applicable*): _____
9. Highest Degree Earned: () Bachelor () Masters () Ph.D. () Other _____ Date Awarded: _____
10. To the best of your knowledge, has the applicant ever applied for or received an Immigrant Visa (U.S. Permanent Residency / Green Card)? () Yes () No

Section B. Program Information

11. Purpose of this DS-2019:

- () Begin New Program, or change visa to J-1 (accompanied by _____ spouse/dependents);
- () Extend an on-going program at UF;
- () Transfer of J-1 Visa to UF from another U.S. institution;*

When did the Exchange Visitor begin the J-1 Visa at the other institution? _____
(MM/DD/YY)

Exchange Visitor's previous J-1 visa category at the other institution: _____

- () Separate entry of _____ immediate family member(s);
- () Replace lost DS-2019 form.

**An Exchange-Visitor may transfer from the program of one U.S. institution to another if the purpose of his/her transfer is to complete the objective for which s(he) was originally admitted in the U.S.A. The former institution must agree to the transfer and relinquish sponsorship. If the visiting scholar is in the U.S.A. on a J-1 Visa (sponsored by another institution), please attach a copy of the scholar's current Form DS-2019.*

12. Appointment or primary activity while at UF/J-1 Visa Category:

() Short-Term Scholar (LECTURE, OBSERVE, CONSULT OR DEMONSTRATE SPECIAL SKILLS FOR NO MORE THAN 6 MONTHS)

() Student _____ Undergrad _____ Masters _____ Doctorate _____ Intern

13. Subject of studies, research, or teaching at UF:

Field: _____

14. Period of Appointment/Study: From _____/_____/_____ to _____/_____/_____
month day year month day year

15. A. During the last two years (24 months), has this person been in the U.S. in a J-1 visa status?

- Yes (Please include copies of previous DS-2019)
- No

16. B. If you marked "Yes" above, please provide the following information:

Program Start Date	Program End Date	J-1 Category (i.e. Research Scholar Professor, Short-term Scholar, etc.)
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From: _____ To: _____ _____

From: _____ To: _____ _____

(Attach a separate sheet of paper, if needed.)

Section C. Financial Support

17. Financial Support for the entire period covered by this form. Specify amounts in U.S. dollars. Check all that apply.

UF (Departmental budget, Grant, etc):

Specify: _____ \$ _____

U.S. Government : Name of Agency: _____ \$ _____

Exchange Visitor's Government:

Specify Source: _____ \$ _____

International Organization (e.g. UN, WHO): _____ \$ _____

Other organization in the U.S. or abroad:

Specify: _____ \$ _____

Personal Funds: \$ _____

TOTAL AMOUNT: \$ _____

For each item indicated above, please attach documentary evidence such as a letter certifying, funding, financial affidavit, letter from a bank, copy of the contract, etc.

18. If funded by UF, has the employing department received funding for international exchange from one or more U.S. Government agency or agencies?

Yes No

Section D. Mandatory Health Insurance

19. All J-1 Exchange Visitors and dependents are REQUIRED to have the following insurance coverage during their stay in the U.S.A.:

- a. Medical benefits of at least \$ 50,000 per accident or illness;
- b. Repatriation of remains in the amount of \$7,500
- c. Expenses associated with medical evacuation of the Exchange Visitor to his/her home country in the amount of \$10,000
- d. A deductible not to exceed \$500 per accident or illness.

Who will provide funding for the coverage?

_____ Sponsoring Department

_____ J-1 Exchange-Visitor _____ Other (Please specify _____)

The insurance premium(s) for J-1 Exchange Visitor and dependents will be based on age and period of coverage.

20. The complete home country address, telephone/FAX number(s) and email address of the Exchange Visitor:

Section E. Dependent Information

21. Dependents coming or continuing in the U.S. Do not list dependents that hold U.S. passports or were born in the U.S.

Name of Dependent(s)	Relationship	City/Country of Birth	Date of Birth	Country of Residence/Citizenship
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Section F. Sponsoring Department Certification

I certify under penalty of perjury that all information provided in items 1 through 20 was completed before I signed this form and is true and correct.

22. Signature of Departmental Contact: _____ Date: _____

We certify under penalty of perjury that all information provided in items 1 through 21 was completed before we signed this form and is true and correct.