FIU International Student & Scholar Services
FLORIDA INTERNATIONAL UNIVERSITY

APPLICATION FOR INITIAL FORM DS-2019
Certificate of Eligibility for J-1 Exchange Visitor

Please CIRCLE category: **Professor** **Researcher** **Short-Term Scholar** **Specialist**

To complete this form, please refer to the Instructions for completing DS-2019 Request Form.
Submit this request to Dr. Alejandra Parra, Director, Office of International Student & Scholar Services, to prepare form DS2019 for the below-named foreign national, who will be invited to FIU as professor, researcher, short-term scholar or specialist. Please attach a current resume or curriculum vitae.

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Name of Faculty Member Making Request **Title**

____
Department/Campus Address/Extension **Contact Person** **Extension**

EXCHANGE VISITOR INFORMATION: PLEASE TYPE OR PRINT CLEARLY

NAME: ____ **MALE**____________
FAMILY NAME **GIVEN**
FEMALE__________

ADDRESS IN HOME COUNTRY:____

____

DATE OF BIRTH: ______________________ **PLACE OF BIRTH:**____
(Mo/day/yr) **(City)** **(Country)**

CITIZEN OF: ________________________________ **PERMANENT RESIDENT OF:** ___________________________

EMAIL ADDRESS: _____________________________**POSITION IN HOME COUNTRY:** _______________________

HOME INSTITUTION (UNIVERSITY/ORGANIZATION) ____

HAS THIS PROSPECTIVE EXCHANGE VISITOR BEEN PREVIOUSLY IN THE UNITED STATES AS AN EXCHANGE VISITOR IN J-1 STATUS/ IF YES, PLEASE PROVIDE THE FOLLOWING INFORMATION AND ATTACH COPIES OF ALL DS-2019 FORMS ISSUED:

DATES **LOCATION** **CATERGORY**

____

____

U.S. ADDRESS IS/WILL BE: ____

ANTICIPATED DATES OF FIU PROGRAM: ______________________________**TO**_____________________________
(MO/DAY/YR) **(MO/DAY/YR)**

IS THE EXCHANGE VISITOR CURRENTLY IN A DEGREE PROGRAM AT ANY UNIVERSITY? ____________**IF YES, PLEASE INDICATE DEGREE SOUGHT, MAJOR FIELD, INSTITUTION AND LOCATION:** ____

DOES THIS EXCHANGE VISITOR WISH TO PURSUE A DEGREE AT FIU? ______ **SUBJECT FIELD OF RESEARCH/TEACHING:** ______________

PLEASE PROVIDE A SPECIFIC DESCRIPTION OF THIS EXCHANGE VISITOR'S STUDY, RESEARCH, AND PROFESSIONAL ACTIVITIES AT FIU:

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EXCHANGE VISITOR'S DEPENDENTS: THIS EXCHANGE VISITOR WILL

__________**BE ACCOMPANIED BY**__________**DEPENDENTS UPON ARRIVAL TO FIU.**
__________**COME ALONE AT FIRST AND BE JOINED BY**_________**DEPENDENTS LATER.**
__________**NOT BE ACCOMPANIED BY DEPENDENTS DURING HIS/HER FIU PROGRAM.**

IF APPLICABLE, PLEASE ATTACH A SEPARATE SHEET LISTING THE FOLLOWING ABOUT EACH DEPENDENT WHO WILL ACCOMPANY OR JOIN THE EXCHANGE VISITOR: NAME, RELATIONSHIP TO THE EXCHANGE VISITOR, DATE OF BIRTH, COUNTRY OF BIRTH, AND COUNTRY OF CITIZENSHIP, ADDRESS IN HOME COUNTRYADDRESS IN US AND EMAIL ADDRESS FOR EACH DEPENDENT. NOTE: DEPENDENTS MUST BE ENROLLED IN THE MEDICAL INSURANCE PLAN AVAILABLE FOR FIU STUDENTS AND SCHOLARS.

DOCUMENTATION OF FUNDING: ALL AMOUNTS AND SOURCES MUST BE INDICATED BELOW AND DOCUMENTED IN SUPPORTING MATERIALS. PLEASE REFER TO THE INSUTRCTIONS FOR COMPLETING DS-2019 REQUEST FORM FOR COMPLETE INFORMATION ABOUT REQUIRED DOCUMENTATION OF SUPPORT.

PLEASE INDICATE THE DOLLAR AMOUNT OF SUPPORT WHICH WILL BE PROVIDED FOR THE EXCHANGE VISITOR BY FIU:

$____DEPARTMENT____

PLEASE INDICATE BELOW THE SPECIFIC SOURCE(S) AND AMOUNT(S) OF THE EXCHANGE VISITOR'S FUNDING FROM NON-FIU SOURCES:

______U.S. GOVERNMENT AGENCY ____
(AGENCY) (AMOUNT)

______EXCHANGE VISITOR'S GOVERNMENT ____
(GOVERNMENT) (AMOUNT)

______BI-NATIONAL COMMISSION OF EXCHANGE VISITOR'S COUNTRY ____
(COMMISSION) (AMOUNT)

______ALL OTHER ORGANIZATIONS ____
(NAME/S) (AMOUNT)

______PERSONAL FUNDS/PRIVATE SPONSOR ____
(NAME/S) (AMOUNT)

EXCHANGE VISITOR MEDICAL INSURANCE: PLEASE CHECK ONE:

______THIS EXCHANGE VISITOR AND DEPENDENTS WILL PURCHASE THE FIU APPROVED MEDICAL INSURANCE POLICY PRIOR TO ISSUANCE OF THE DS-2019 FORM. ENROLLMENT FORM AND PAYMENT ATTACHED.

______THIS EXCHANGE VISITOR AND DEPENDENTS WILL BE COVERED BY THE MEDICAL INSURANCE PLAN OFFERED AS PART OF THE STANDARD BENEFITS PACKAGE AVAILABLE TO EXCHANGE VISITORS WHO ARE UNIVERSITY EMPLOYEES AND WILL PURCHASE A SEPARATE POLICY PROVIDING EMERGENCY MEDICAL EVACUATION AND REPATRIATION. DOCUMENTATION INDICATING EFFECTIVE DATE OF COVERAGE IS REQUIRED PRIOR TO ISSUING THE DS-2019 FORM. IF THE EXCHANGE VISITOR'S PROGRAM COMMENCES PRIOR TO THE EFFECTIVE DATE OF COVERAGE, THE EXCHANGE VISITOR AND DEPENDENTS WILL PURCHASE THE FIU APPROVED POLICY FOR THAT PERIOD OF TIME.

CERTIFICATION OF FACULTY SPONSOR: PLEASE READ AND SIGN.

I CERTIFY THAT I AM INVITING THE PROSPECTIVE EXCHANGE VISITOR NAMED HEREIN FOR FIU TO PURSUE THE ACTIVITIES DELINEATED ABOVE. FUNDING WILL BE PROVIDED AS INDICATED FOR THE PERIOD CERTIFIED ABOVE. I UNDERSTAND THAT ALL EXCHANGE VISITORS ARE REQUIRED BY FEDERAL REGULATION AND FIU TO CARRY ADEQUATE MEDICAL INSURANCE, AND I WILL ENSURE THAT THIS EXCHANGE VISITOR CARRIES MEDICAL INSURANCE AS DESCRIBED ABOVE. I UNDERSTAND AND WILL EXPLAIN TO THIS EXCHANGE VISITOR THAT EXCHANGE VISITOR SCHOLARS/RESEARCHERS ARE NOT PERMITTED TO CHANGE TO THE STUDENT CATERGORY AFTER THEIR ENTRY INTO THE UNITED STATES.

____ ____
SIGNATURE OF FACULTY SPONSOR DATE

CERTIFICATION OF DEPARTMENT HEAD/ACADEMIC DEAN: PLEASE REVIEW THIS DOCUMENT IN FULL AND INDICATE SUPPORT AND APPROVAL BY SIGNING BELOW.

____ ____ ____
DEPARTMENT HEAD SIGNATURE NAME (PRINTED) DATE

____ ____ ____
ACADEMIC DEAN SIGNATURE NAME (PRINTED) DATE

APPROVAL OF DIRECTOR, OFFICE OF INTERNATIONAL STUDENT & SCHOLAR SERVICES: SIGNATURE BELOW INDICATES APPROVAL TO PREPARE AND ISSUE FORM DS-2019 FOR THE ABOVE-NAMED EXCHANGE VISITOR.

____ ____
Dr. Alejandra Parra, Senior Director DATE
International Student & Scholar Services or designee
Rev:01/18