

**DS-2019 REQUEST FORM – Part A**

**The sponsoring FGCU department should complete all items on this form.  
Please complete online then print and obtain signatures.**

**FGCU Sponsoring Department Information**

Department Name \_\_\_\_\_ Campus Address \_\_\_\_\_

Name of FGCU Host (sponsor) of the Exchange Visitor \_\_\_\_\_ Title \_\_\_\_\_

FGCU Department Address \_\_\_\_\_ FGCU Campus Phone and/or Extension \_\_\_\_\_

Host's Relationship to Exchange Visitor \_\_\_\_\_

**Exchange Visitor Information**

Family Name \_\_\_\_\_ First/ Given Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Please check appropriate box:

Begin a new program

Transfer to FGCU (see Instructions #9)

Extension of program for current scholars    Program start date \_\_\_\_\_

**Request should be made approximately 30 days before current DS-2019 form expires.**

Please check appropriate box:

Short-term Scholar (1 day to 6 months, no extensions beyond 6 months )

Professor (3 weeks minimum to 3 years maximum)

Research Scholar (3 weeks minimum to 3 years maximum)

Specialist (3 weeks minimum to one year maximum)

This request covers the period from \_\_\_\_\_ to \_\_\_\_\_  
(mm/dd/yy) (mm/dd/yy)

Has this person held J-1 or J-2 immigration status at any U.S. institution in the past 12 months? Yes                  No

If **Yes**, give dates/location of all previous J status visits in past 2 years and **attach copies of:** previous DS-2019, current U.S. visa and I-94, passport identification and expiration page). Please contact ISO with any questions.

## Program Information

Scholar's specific field of study, research, training or professional activity:

Current position (title & institution)

Brief description of the program objective the exchange visitor will pursue during his/her program at FGCU:

How will you evaluate the exchange visitor's accomplishment of objectives?

(NOTE: Program evaluation is required by the sponsoring faculty/staff member).

Does this person have appropriate credentials and skills to meet the eligibility requirements of this program?

Yes                  No                  (ATTACH resume or curriculum vitae)

Does this person have satisfactory English language proficiency (verbal and written), to participate in this program?

Yes                  No

How was this verified?                  English is native language                  TOEFL exam                  personal interview  
recommendation by home institution                  degree from English language –based institution  
other

Will the exchange visitor wish to enroll in academic courses at FGCU while participating in the Exchange Program?

Yes                  No                  If yes, the exchange visitor must apply to be a student and be approved by both the sponsoring department and International Services for student status.)

## Off Site Program

Complete this section if the program will be conducted in full/major part at an off-site location (i.e., not on main FGCU campus).

Location    Supervisor at this location

Address

How will supervision be conducted at this location (Attach a letter of support from off-site sponsor, if applicable)

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## Funding/Financial Support

Funding to support the Exchange Visitor must be documented and verified. Please refer to the "Estimated Costs for Exchange Visitors" for current required amounts of funding and acceptable documentation.

During the period covered by this request, financial support (in US\$) is to be provided to the exchange visitor by which of the following (please check all that apply and include amounts: (**Note:** invitations to an exchange visitor cannot be issued without the minimum amounts of financial support as indicated.)

Florida Gulf Coast University

Florida Gulf Coast University **has** **has not** received funding *specifically for the purpose of international educational exchange* from one or more U.S. government agencies *to support this exchange visitor*.

If you check **has**, please identify the agency

Financial support from organizations other than the Florida Gulf Coast University will be provided by one or more of the following:

|   |    |
|---|----|
| U.S. Government Agency (only if support is direct and not through FGCU) | \$ |
| International Organization (name of organization)                       | \$ |
| The Exchange Visitor's Government                                       | \$ |
| The bi-national Commission of the Exchange Visitor's Home Country       | \$ |
| All other organizations providing support                               | \$ |
|   | \$ |
| Personal Funds (attach bank statement)                                  | \$ |
| Other   | \$ |
| TOTAL   | \$ |

**Medical Insurance**

All J-1 Exchange Visitors are required by the U.S. government to have medical insurance which meets the established minimum criteria for the visitor and J-2 dependents for the full duration of time in the U.S. in the J visa status. If an exchange visitor willfully fails to have this insurance, we are required by U.S. government regulations to terminate the visitor's J program status and report this to the Department of State. FGCU sponsoring departments are expected to assist the exchange visitor in meeting this requirement. Please refer to the "Exchange Visitor Insurance Requirement" document for more detailed information.

The exchange visitor's health insurance will be:

paid for by this department for:                      exchange visitor only                      exchange visitor and dependents

the responsibility of the exchange visitor to secure this coverage independently

covered by contract as FGCU employee

### EV Program Limitations and Responsibilities

Please refer to “Exchange Visitor/Scholar Eligibility, Categories and Related Requirements” and “Instructions for FGCU Departments to Host Foreign National Exchange Visitors” on detailed limitations and responsibilities regarding the Exchange Visitor program at FGCU. By signing below, the sponsoring unit acknowledges they have read and understood the conditions that apply to the exchange visitors.

### Human Resources Approval- If Scholar will be FGCU employee

FGCU position title of the exchange visitor

All appropriate administrative processes have been/are being completed according to FGCU Human Resources guidelines. (For OPS positions, the OPS Appointment Form must be completed and submitted to HR. For established, advertised positions the appropriate Appointment Form must be completed and submitted to HR and the Official Offer Letter generated and executed.)

FGCU HR representative’s signature

Date

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### Attachments

Please submit the following support documents attached to this request.

Resume or Curriculum Vitae

Previous DS-2019, if applicable

Copy of current visa, if applicable

Copy of current I-94, if applicable

Letter of invitation from department or HR

Letter from off-site host, if applicable

### Department Approvals –Signatures

As the department sponsor of this exchange visitor, I hereby attest that the information included in this application is correct to the best of my knowledge and that the scholar’s curriculum vitae was reviewed for appropriateness of background and meets the eligibility requirements. Additionally, I ensure that information needed by International Services in administering this program will be provided as requested.

FGCU Faculty/Staff Sponsor/Title Typed

Signature

Date

Department Chair Typed

Signature

Date

College /Division Dean Typed

Signature

Date