

EXCHANGE VISITOR REQUEST FORM

INSTRUCTIONS: The sponsoring FGCU department must complete all items on this form. This form is to be completed and approved no less than 90 days prior to exchange visitor's arrival. Please complete online then print and obtain signatures.

Section 1: FGCU Sponsoring Department Information

- a. Department Name: _____
- b. Campus Address: _____
- c. Name of FGCU Host (sponsor) of the Exchange Visitor: _____
- d. Title: _____
- e. FGCU Department Address: _____
- f. FGCU Campus Phone and/or Extension: _____
- g. Host's Relationship to Exchange Visitor: _____
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Section 2: Exchange Visitor Information

- a. Family Name/Surname: _____
- b. First/Given Name: _____ c. Middle Name: _____

d. 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.

e. Please check appropriate box:

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

months) Professor (3 weeks minimum to 5 years maximum)

Research Scholar (3 weeks minimum to 5 years maximum)

Specialist (3 weeks minimum to 1 year maximum)

f. This request covers the period from _____ to _____.
(mm/dd/yy) (mm/dd/yy)

g. Has the exchange visitor held J-1 or J-2 immigration status at any U.S. institution in the past 12 months?

Yes

No

g-1. If YES, give dates/location of all previous J status visits in the 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.

Dates: _____ Location: _____

Dates: _____ Location: _____

Section 3: Program Information

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

b. Current position (title & institution): _____

c. Brief description of the program objective the exchange visitor will pursue:

c-1. Specific Objective: _____

c-2. Specific Activities: _____

c-3. Names of Personnel Involved: _____

d. How will the sponsor/department evaluate the exchange visitor's accomplishment of objectives?
(NOTE: The sponsoring faculty/staff member is required to complete program evaluations; evaluations must be submitted to ISO for filing to ensure compliance with federal government regulations).

d-1. Approximate Midterm Program Evaluation Date: _____

d-2. Approximate Final Program Evaluation Date: _____

e. Does the exchange visitor possess the appropriate credentials and skills to meet the eligibility requirements of this program?

(ATTACH resume or curriculum vitae; mandatory, must align with program)

Yes

No

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

Yes

No

g. How was English language proficiency verified?

English is native language

TOEFL exam

Personal interview

Recommendation by home institution

Degree from English language-based institution

Other (explain): _____

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

Yes

No

Section 4: 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).

a. Location: _____ b. Supervisor at this location: _____

c. Address: _____

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

Section 5: 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 USD) is to be provided to the exchange visitor by one of the following (please check all that apply and include USD amounts): (Note: Invitations to an exchange visitor cannot be issued without the minimum amounts of financial support as indicated.)

Florida GulfCoast University HAS (OR) 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 checked HAS, fill out the information below.

Financial support from organizations other than 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 with USD equivalency) \$ _____

Other: _____ \$ _____

TOTAL \$ _____

Section 6: 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 maintain this insurance, we are required by U.S. government regulations to terminate the visitor's J program status and report 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

By checking the box below, I acknowledge that it is the responsibility of the exchange visitor to secure coverage through an independent insurance provider OR be covered by contract as a FGCU employee.

I accept and acknowledge these terms.

Section 7: 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 checking the box below, the sponsoring unit acknowledges they have read and understood the conditions that apply to the exchange visitors.

I have read and understood these conditions and acknowledge the responsibilities associated with the FGCU Exchange Visitor program.

Section 8: Human Resources Approval – If Scholar will be FGCU employee

a. 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.)

b. FGCU HR representative 's signature: _____ Date: _____

Section 9: Attachments

Please submit the following support documents attached to this request. Mark the box for each item attached.

Resume or Curriculum Vitae (Mandatory)

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

Section 10: 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.

a. FGCU Faculty/Staff Sponsor/Title (Typed)	Signature	Date
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b. Department Chair (Typed)	Signature	Date
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c. College / Division Dean (Typed)	Signature	Date
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