

BRINGING A "J" VISITOR TO FLORIDA TECH

REVISED: 9/14/2011

FROM: Jackie Lingner, jlingner@fit.edu
Assistant Director, International Student & Scholar Services
Keuper 211 (321) 674-8053

Thank you for your interest in bringing an international visitor to Florida Tech. Attached please find a complete application packet which must be read, completed, signed by various individuals, and submitted to Diane Tudor in the Human Resources Department. HR will review, and then forward to the ISSS Office for processing. **This completed packet, along with a copy of the visitor's passport statistics page, must be submitted to HR at least 60 days before you want your visitor to arrive.** (Please return all pages, even if they are blank).

As soon as the International Student & Scholar Services Office receives the completed packet, the DS-2019 form will be processed and the requesting department will be notified to pick up the form and send it to their invited guest.

It is important to note that your visitor must enter the United States within 30 days of the start date listed on the DS-2019. If they cannot enter within that time frame, the visitor will have to be issued new documentation . If a visitor arrives after the start date on the DS-2019 and is allowed to enter the United States, this does not mean that the visitor is in status. The visitor will be required to submit documentation to the U.S. Department of State (this involves paperwork and a fee; payable by the hosting department or the DS-2019 holder), and ask for reinstatement.

If you have any questions, please do not hesitate to contact me at x8053 or by email jlingner@fit.edu.

Thank you.

Federal law requires J-1 visa holder to provide proof of health insurance and supply local address here in the United States upon check-in. Insurance must be in effect the entire time visitor is in U.S.

**Return all required documentation and completed application packet to:
Office of Human Resources
ATTN: Diane Tudor
Florida Tech — Work Building**

(form flow: department; COO signature; HR Office; ISSS; department for mailing)

Request for SEVIS DS-2019 Form for J-1 Visiting Scholar
(This must be filled out completely)

The DS-2019 is issued to foreign exchange visitors to obtain a J-1 visa to enter the United States. This request form is to be completed by the academic department, signed by the department head and sent to the ISSS Office for processing. Please note that the Exchange Visitor cannot be a candidate for a tenure track position.

Please print: Banner ID _____
(will be generated by HR)

REQUESTING DEPARTMENT INFORMATION

Host Department/Address _____
 Host Faculty/Staff Member _____ Phone _____
 Email Address _____

EXCHANGE VISITOR INFORMATION

NAME: (as in passport) _____
Last/Family *First* *Middle*

Gender: male female Date of birth (mo/day/year) _____

City of Birth _____ Country of Birth _____

Country of Citizenship _____ Email Address _____

Country of Permanent Residence _____

Position in Home Country: (occupation) _____
(if a student; UG, GR or Doc)

Address in HOME Country _____

What evidence do you have that this person has adequate English skills to function as an Exchange Visitor with your department?
(Examples: personal conversation or TOEFL score) _____

Has this visitor held J-1 or J-2 immigration status at any institution the past 12 months? yes no
 If yes, give dates and locations of all visits in the last 12 months _____

If visitor is currently in the U.S., attach copies of all previous DS-2019 forms.

Will visitor be accompanied by spouse and/or children? yes no
 If yes, please provide all information requested on "Dependent Information Form" and attach copy of passport page for each.

PROGRAM INFORMATION

Purpose of Request for New Form (check one):
 Begin a new program (initial visa request)
 Extend an on-going program—Date of first arrival in U.S.: _____
 Transfer from a different program here in the U.S. (must attach copy of DS-2019) (ISSS will follow up with Transfer Form)
 Replace a lost/damaged form

Dates of visit: From _____ to _____
(mo/day/year) *(mo/day/year)*

Purpose of Visit: Research Scholar Professor Short-term Scholar Degree-Seeking student (Undergrad or Master's) Non-Degree student

SOURCES OF FUNDING

List all sources and estimated amount of financial support (in U.S. dollars) for all participants for entire period covered by the DS-2019.

All non-Florida Tech sources of financial support must include an official letter from the funding organization.

Florida Tech	\$ _____
<i>if sponsorship is coming from a grant, Sponsored Programs must sign</i>	
U.S. Government Agency (specify) _____	\$ _____
Exchange Visitor's Government (specify) _____	\$ _____
All other organizations providing support (specify) _____	\$ _____
Personal Funds (attach bank statement)	\$ _____
TOTAL	\$ _____

(See Grand Total on page 5)

Address while in U.S. (if known): _____

HEALTH INSURANCE REQUIREMENTS

All J-1 visitors and their dependents are required to be covered by health insurance while here in the United States. Visitors can purchase health insurance coverage through Florida Tech's Health Insurance Office. If a visitor has their own health insurance coverage, a waiver can be requested but is not guaranteed.

- J-1 visitor will be eligible for staff benefits including Florida Tech employee health insurance
- J-1 visitor (and any dependents) has their own health insurance and will request a waiver
- J-1 visitor (and any dependents) will purchase health insurance from Florida Tech upon arrival

REQUIRED APPROVALS

I have read and understand the Requirements & Procedures for Inviting J-1 Exchange Visitors and will abide by all immigration regulations and university guidelines for this program. All the information stated on this form is correct to the best of my knowledge.

Name of requesting Florida Tech faculty member _____

Phone _____ Campus Address _____

Date _____ Signature _____

Name of Department Head _____

Phone _____ Campus Address _____

Date _____ Signature _____

Name of Appropriate Dean _____

Phone _____ Campus Address _____

Date _____ Signature _____

Name of Executive Vice President and Chief Operating Officer _____

Phone _____ Campus Address _____

Date _____ Signature _____

DEPENDENT INFORMATION FORM

(this form must be filled out in its entirety if J-1 is bringing dependents; please be sure to attach a copy of dependent's passport page)

Name of Principal Exchange Visitor _____

Please provide the following information about each dependent who will accompany the exchange visitor. (Use a separate sheet if necessary)

Dependent #1:	
Name (SURNAME, First name)	
Date of Birth	
City of Birth	
Country of Birth	
Country of Citizenship	
Country of Permanent Residence	
Gender	
Relationship to Principal Exchange Visitor (spouse, child)	
Dependent #2:	
Name (SURNAME, First name)	
Date of Birth	
City of Birth	
Country of Birth	
Country of Citizenship	
Country of Permanent Residence	
Gender	
Relationship to Principal Exchange Visitor (spouse, child)	
Dependent #3:	
Name (SURNAME, First name)	
Date of Birth	
City of Birth	
Country of Birth	
Country of Citizenship	
Country of Permanent Residence	
Gender	
Relationship to Principal Exchange Visitor (spouse, child)	
Dependent #4:	
Name (SURNAME, First name)	
Date of Birth	
City of Birth	
Country of Birth	
Country of Citizenship	
Country of Permanent Residence	
Gender	
Relationship to Principal Exchange Visitor (spouse, child)	

CALCULATING ESTIMATED COSTS FOR A J-1 EXCHANGE VISITOR'S VISA

(and any dependents, if applicable)

1. Roundtrip Airfare (from principal's Home Country to United States and Return to Home Country)	\$ _____
2. Monthly Living Expenses (\$1500/month x _____ months)	\$ _____
3. Health Insurance Cost (\$125/month x _____ months)	\$ _____
4. Tuition & Fees (if applicable)	\$ _____
<i>REMEMBER: Be mindful of "miscellaneous expenses"</i>	
TOTAL	\$ _____

ESTIMATED COSTS FOR ACCOMPANYING DEPENDENT(S) OF J-1

1. Roundtrip Airfare (from principal's Home Country to United States and Return to Home Country)	\$ _____
2. Living Expenses (\$1500/month x 1.5% x _____ months)	\$ _____
3. Health Insurance Cost (SPOUSE = \$208/month x _____ months) (CHILD = \$160/month x _____ months)	\$ _____
4. Tuition & Fees (if applicable)	\$ _____
TOTAL	\$ _____
GRAND TOTAL*	\$ _____

***Total estimated costs must equal or be less than total source of funding (see page 2).**

REMEMBER: Be mindful of "miscellaneous expenses"

EXAMPLE OF INVITATION LETTER

(put on department letterhead)

March 13, 2009

Professor Elvis Kosch
Department of Chemistry
University of Wurzburg
73003 Wurzburg
GERMANY

Dear Professor Kosch:

This letter is to invite you to visit our Chemistry Department at Florida Tech from July 1, 2009 through May 18, 2010 so that you can conduct joint research work with Professor Bertrand Silva. We would be glad to extend to you the academic, library and space facilities to conduct your research here at Florida Tech. We understand that you will be funded by (_____). This is not an offer of employment.

Your signature notating the acceptance of this invitation also shows that you understand that you must enter the United States within 30 days of the start date listed on the DS-2019. If you cannot enter within that time frame, you must let our department know so that we can contact the International Student & Scholar Services Office (ISSS) and request that new immigration documentation be issued. If you do arrive after the 30-day period and are admitted into the United States, you must apply for reinstatement with the ISSS Office (this involves paperwork and a fee; payable by the department or the DS-2019 holder.)

Please sign, date and return the bottom of this invitation letter, which will serve as your acceptance or declination of this invitation. This letter should be returned by (DATE).

Sincerely,

Dr. Joseph Chiang
Chair, Department of Chemistry

I, (insert name) _____, do hereby ACCEPT the invitation to visit Florida Tech and conduct joint research work with Professor Bertrand Silva from 7/1/2009 through 5/18/2010.

Signature _____ Date _____

I, (insert name) _____, do hereby DECLINE the invitation to visit Florida Tech and conduct joint research work with Professor Bertrand Silva from 7/1/2009 through 5/18/2010.

Signature _____ Date _____

DS-2019 SIGNATURES OF AGREEMENT

J-1 Exchange Visitor Name _____

- Arrival Date**
We will notify the ISSS Office no later than 14 days from the start of the DS-2019;
- Late Arrival**
We will notify the ISSS Office of any arrival delays more than 14 days past the start date on the DS-2019 (Scholars must arrive in the U.S. within 30 days of the begin date on the Form DS-2019);
- Change of Address**
We will notify the ISSS Office of all changes of addresses for Florida Tech J-1 and J-2 Exchange Visitors within 10 days of the move, per immigration regulations;
- Financial Support Verification**
We have verified that the financial support listed on the attached application is available to the scholar and that these resources are adequate to complete his/her program and to support any accompanying dependents;
- Health Insurance**
We will ensure that the scholar and his/her family members maintain sufficient health insurance as defined by the university and U.S. federal guidelines for the entire duration of the scholar's visit;
- Scholar's Credentials**
We have determined that the international scholar's program is consistent with his/her background and experience;
- English Proficiency**
We have determined that the international scholar's English proficiency is sufficient to participate in his/her exchange visitor program;
- Changes in Program**
We will notify the ISSS Office of any changes in the terms and conditions of this international scholar's exchange program, including employment or payment not listed on the scholar's DS-2019;
- Scholar Advising Support**
We will monitor the progress and welfare of the international scholar, including ensuring that he/she obtains sufficient advice and assistance to facilitate the successful completion of his/her exchange visitor program.

We, the undersigned, certify that all the information provided in this DS-2019 Request Form is true and accurate. We further agree to comply with the federal regulations listed above governing the J-1 Exchange Visitor Program.

Name of Florida Tech faculty member _____ Date _____

Signature _____

Name of Department Chair _____ Date _____

Signature _____

Name of Appropriate Dean _____ Date _____

Signature _____