

Bringing a "J" Visitor to Florida Tech

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 scholar to Florida Tech. Enclosed please find the following items which must be read and submitted to the International Student & Scholar Services Office *at least 60 days* before you want your visitor to arrive:

- Request for SEVIS DS-2019 Form for J-1 Visiting Scholar
- Calculating Estimated Costs for a J-1 Exchange Visitor's Visa form
- Dependent Information Form
- Sample Invitation Letter

As soon as the International Student & Scholar Services Office has all of the required information, we will process the DS-2019 Form and return it to you for distribution to your 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 must let you know and you must contact me so that new immigration documentation can be issued. A visitor arriving after the 30-day period must be reinstated with the US Department of State (this involves paperwork and a fee; payable by the department or the DS-2019 holder.)

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

Federal law requires J-1 visa holder to provide proof of health insurance and supply local address here in the United States while in J-1 status.

Return all required documents & forms to:

**Office of International Student & Scholar Services
ATTN.: Jackie Lingner
Florida Tech – Keuper Building**

Thank you.

Florida Institute of Technology • International Student & Scholar Services Office

150 West University Boulevard, Melbourne, FL 32901-6975 • (321) 674-8053 • Fax: (321) 728-4570
iss@fit.edu

**Calculating Estimated Costs for a J-1 Exchange Visitor's Visa
(and any dependents, if applicable)**

- 1. Roundtrip Airfare \$ _____
(from principals Home Country to United States
& 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) \$ _____

REMEMBER: Be mindful of "miscellaneous expenses"

Estimated Costs for Accompanying Dependent(s) of J-1

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

REMEMBER: Be mindful of "miscellaneous expenses"

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 can not be a candidate for a tenure track position.

Please print:

REQUESTING DEPARTMENT INFORMATION

Host Department/Address

Host Faculty/Staff Member Phone

E-mail 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 E-mail 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 US, 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 (mo/day/year) to (mo/day/year)

Purpose of Visit ___ Research Scholar ___ Professor ___ Short-term Scholar
___ Degree-Seeking student (Undergrad or Masters) ___ Non-Degree student

SOURCES OF FUNDING

List all sources and estimated amount of financial support (in US 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 \$
U.S. Government Agency (specify) \$
Exchange Visitor's Government (specify) \$
All other organizations providing support (specify) \$
Personal Funds (attach bank statement) \$

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

DEPARTMENTAL APPROVAL

I have read & understand the Department's Responsibilities and Required Procedures for Inviting J-1 Exchange Visitors and will abide by all immigration regulations & 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 Chair or appropriate Dean:
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 dependents 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)

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 (_____).

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 offer to visit Florida Tech and conduct joint research work with Professor Bertrand Silva from 7/1/2009 through 5/18/2010.

_____ Date _____

I, (insert name) _____, do hereby DECLINE the offer to visit Florida Tech and conduct joint research work with Professor Bertrand Silva from 7/1/09 through 5/18/2010.

_____ 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 US 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 US 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 Dept Chair or appropriate Dean: _____ Date: _____ Signature: _____

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