

BRINGING A “J” VISITOR TO FLORIDA TECHREVISED: SUMMER 2023 – **NEW PROCESS**FROM: Jackie Lingner, Director (jlingner@fit.edu)
International Student and Scholar Services
L3 Harris Commons, Room 114A 321-674-8053

Thank you for your interest in bringing an international visitor to Florida Tech. Attached please find the DS-2019 application packet which must be read, completed, signed by various individuals and submitted to the ISSS Office. **This completed packet, with all necessary documentation, must be submitted to the ISSS Office at least 60 days before your want your visitor to arrive.** Please return all pages even if they are blank.

After the ISSS Office receives the completed packet a campus ID will be assigned, the DS-2019 will be issued and sent to the visitor by email with important additional information. **The complete process can take 5-7 business days after receipt of request.**

It is important to note that your visitor can enter the United States no more than 30 days before the start date listed on the DS-2019. If they cannot arrive by the start date, they must contact both the inviting department AND the ISSS Office so that a new DS-2019 can be issued with a new start date. If the port of entry officials allows entry into the US after the start date, the visitor needs to see the ISSS Office as quickly as possible as they will need to apply for reinstatement (involves an application and a fee).

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

NOTE: Federal law requires J-1 visa holders to provide proof of health insurance coverage for self and any J-2 dependents; the coverage must be for complete timeframe of visit.

Return completed application packet and all required documentation to:International Student and Scholar Services Office
L3 Harris Commons, Rm 114A

(form flow: department; all required signatures; ISSS Office)

A COMPLETED DS-2019 REQUEST PACKET MUST CONSIST OF ALL OF THE FOLLOWING:

- DS-2019 Request Form
- Passport Statistics Page for visitor (and any dependents, if applicable)
- Estimated Cost Worksheet
- Proof of Funding Documentation (converted to U.S. dollars)
- Copy of Accepted Invitation Letter
- English Proficiency Verification
- Copy of visitor’s Curriculum Vitae
- Completed and signed Questionnaire for Sponsoring a Foreign Scholar, Scientist, Visitor or Guest

Request for SEVIS DS-2019 Form for J-1 Visiting Scholar
(This must be filled out completely) ALL SECTIONS MUST BE COMPLETED BY THE SPONSORING DEPARTMENT ONLY (NOT the Exchange Visitor)

The DS-2019 is issued to foreign exchange visitors to obtain a J-1 visa to enter the United States. 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 _____ Native Language _____

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

HOME Address in Home Country _____

Phone number (including country code and city code) _____

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 ongoing 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)

Category Purpose: Research Scholar Professor Short-Term Scholar Degree-Seeking Student (Undergrad or Master's)* Non-Degree Student*

*NOTE: Must have an admissions application on file

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 \$ _____

if sponsorship is coming from a grant, Sponsored Programs must sign _____

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)

HEALTH INSURANCE REQUIREMENTS

All J-1 visitors and their dependents are required to be covered by health insurance while here in the United States and meet minimum levels of coverage. Full insurance information can be found at www.fit.edu/iss/j-1/health.php. 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.

DS-2019 SIGNATURES OF AGREEMENT

J-1 Exchange Visitor Name _____

- **Arrival Date**
We will notify the ISSS Office if the visitor is unable to arrive on time;
- **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.

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 Director of Research Compliance _____

**Only required if visitor will be in Research Scholar, Short-Term Scholar or Professor Category Purpose*

Phone _____ Campus Address _____
Date _____ Signature _____

Name of Senior Vice President for Academic Affairs & Provost _____

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)	

ESTIMATED COST WORKSHEET FOR A J-1 EXCHANGE VISITOR'S VISA
(and any dependents, if applicable)

1. Roundtrip Airfare (from home country)	\$ _____
2. Monthly living expenses (\$1,500 per month x ____ months or \$18,000/year)	\$ _____
3. Health insurance (\$111 per month x ____ months)	\$ _____
4. Tuition and fees (if applicable)	\$ _____
<i>REMEMBER: Be mindful of "miscellaneous expenses"</i>	
TOTAL	\$ _____

FOR ACCOMPANYING DEPENDENT(S)

1. Roundtrip Airfare (from home country)	\$ _____
2. Living Expenses	_____
J-1 spouse \$8,400 per year or \$700 per month	\$ _____
Each J-2 child \$7,200 per year or \$600 per month	\$ _____
3. Health Insurance	_____
a. Spouse (\$164 per month x ____ months)	_____
b. Child (\$150 per month x ____ months)	_____
4. Tuition and Fees (if applicable)	\$ _____
TOTAL	\$ _____
GRAND TOTAL*	\$ _____

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

Proof of funding must be submitted in English and must be in U.S. dollars.

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 permanent employment.

All Exchange Visitors and their accompanying dependents must have at least the required minimum coverage of health insurance for the entire period of their stay in the United States as indicated by the U.S. Department of State. Full insurance requirements can be found at <http://www.fit.edu/issv/j-1/health.php>.

By signing below, you are indicating that you understand the following:

- I must enter the United States within 30 days of the start date listed on the DS-2019. I will contact my Florida Tech department if I cannot and will seek new documents to enter. If I am allowed to enter after the 30 day time period, I will seek reinstatement to legal status, which entails paperwork and a fee payable by either the Florida Tech department or myself; and
- I have read and understand the health insurance requirements for myself (and dependents, if applicable) set forth by the U.S. Department of State.

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 _____

UPDATES TO J-1 EXCHANGE VISITOR REGULATIONS REGARDING ENGLISH PROFICIENCY

The U.S. Department of State recently published significant changes to the J Exchange Visitor regulations with the intention of better protecting program participants.

Objective Measurement of English Language Proficiency

All J-1 Exchange Visitors who are issued a DS-2019 after January 5, 2015, must be able to demonstrate English language proficiency in one of three ways:

1. A recognized English language test taken within the last 2 years; the minimum scores are:

TOEFL (FIT Administered)	IBT (Internet)	IELTS	Melbourne ELS
550	79	6.2	112 Certificate

2. Signed documentation, issued within the past six months, from an academic institution that offers English language training or from an English language school

A documented interview conducted by the host faculty via video conference, in person or telephone

If results from a recognized English language test cannot be obtained, the ISSS Office has created two forms for host departments to use in order to document how the Exchange Visitor has demonstrated English proficiency; one form is for the Florida Tech department to use and the other is for an outside academic department or English language school to use.

For questions related to these new regulatory requirements, please contact the International Student and Scholar Services Office at 321-674-8053 or jjingner@fit.edu.

FLORIDA TECH—ENGLISH PROFICIENCY VERIFICATION/INTERVIEW

(This is a template. Please format on your Florida Tech department letterhead and include this as part of your DS-2019 Request Packet.)

I have interviewed _____ and can verify that s/he possesses sufficient proficiency in the English language to do the following:
J-1 exchange visitor's name

- Yes No Perform his/her J-1 activities or complete their academic programs;
- Yes No Navigate daily life in the U.S.;
- Yes No Read and comprehend program materials;
- Yes No Understand fully his/her rights and responsibilities, rights and protections; and
- Yes No Know how to get help if necessary.

Select your interview method:

- in person on _____ (month/day/year)
- by videoconferencing (e.g., Skype) on _____ (month/day/year)
- by telephone (only if video conferencing is not possible) on _____ (month/day/year)

Name of the Evaluator _____

Florida Tech Department _____

Florida Tech Position Title _____

Email Address _____

Signature _____ Date _____

ENGLISH PROFICIENCY VERIFICATION—OUTSIDE FLORIDA TECH

(This is a template for an outside academic institution or English language school (not Florida Tech). Please print on your institutional letterhead.)

I verify that _____ possesses sufficient proficiency in the English language to do the following:
J-1 exchange visitor's name

- Yes No Perform their J-1 activities or complete their academic programs;
- Yes No Navigate daily life in the U.S.;
- Yes No Read and comprehend program materials;
- Yes No Understand fully their rights and responsibilities, rights and protections; and
- Yes No Know how to get help if necessary.

I verify that I am able to make an accurate evaluation of this J-1 scholar's English language proficiency based on the following (e.g., I am an English language instructor).

Name of the Evaluator _____

Institution _____

Position Title _____

Email Address _____

Signature _____ Date _____

QUESTIONNAIRE FOR SPONSORING A FOREIGN SCHOLAR, SCIENTIST, VISITOR OR GUEST

All questions on this form must be answered completely and truthfully such that Florida Tech may make legal and regulatory determinations. Civil and criminal penalties may be associated with inaccurate or false statements that lead to violations of federal law.

SECTION 1: BIOGRAPHICAL

Florida Tech Host Name (PI) _____

Florida Tech Visa Sponsor Name (if other than host) _____

Department _____

Department Administrator Point of Contact (other than host or sponsor) _____

Full Name of Foreign Person _____

Date of Birth _____ Country of Birth _____

Last Country of Residence _____ Country of Citizenship _____

Home Address _____

City _____ State _____ ZIP _____

Current Institution(s)/Employer(s) (List all) _____

Status/Position/Title at Home Institution or Employer _____

Intended Immigration Status (e.g., J-1 Visiting Scholar, H-1B, F-1, etc.) _____

Has the foreign person previously been affiliated with Florida Tech?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain.	

Is the research or activities part of an official academic catalog course?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, list the course number and name.	

Is the foreign person currently employed by, serving in, or on leave from any foreign military?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, specify country and branch of military.	

Is the foreign person currently employed by or on leave from any foreign government agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, specify the country and agency.	

Is the foreign person receiving funding from a foreign source for the U.S. visit or for the activity in which they will participate? (e.g., Visitor is paid by a foreign source to work for Florida Tech for free.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, specify the source of funding (e.g., institution, organization, scholarship, government scholarship fund, etc.)	

QUESTIONNAIRE FOR SPONSORING A FOREIGN SCHOLAR, SCIENTIST, VISITOR OR GUEST
SECTION 2: ACTIVITIES

In detail, specify the assignment, purpose and proposed activity(ies) of the foreign person. This requires a comprehensive explanation.

Will the foreign person participate in or work on any Florida Tech Sponsored Research activity(ies)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide Florida Tech index number of all projects for which the person can participate or be afforded access.	

Will the results of the sponsored activity be published in totality or taught in an official Florida Tech course or otherwise shared with the interested public?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide a reference or example as to where the research or instruction can be found in the public domain.	

Will the sponsored activity consist entirely of basic or applied research the results of which are commonly found entirely in the public domain?	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

Will the foreign person assist any other Florida Tech co-worker, faculty or staff in addition to the host/sponsor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, list each person for whom the foreign person provides assistance.	

QUESTIONNAIRE FOR SPONSORING A FOREIGN SCHOLAR, SCIENTIST, VISITOR OR GUEST

Will the foreign person: (NOTE: You must answer the questions, below, regardless of whether they apply)	
a. Be provided access to any unpublished, proprietary or confidential information, items, materials, software, prototypes or articles furnished by a sponsor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe your response.	
b. Contribute to any research program sponsored by the Department of Defense, NASA, Department of Energy or other defense industry sponsors, including SBIR or STTR, or U.S. defense industrial base flow-through awards?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe your response.	
c. Does the sponsored activity or research have any potential military, space or intelligence application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe your response.	
d. Is the sponsored activity subject to any access or dissemination, or national security restriction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe your response.	
e. Will any of the activities be related to the development of a new or emerging technology?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe your response.	
f. If yes to (e) above, will any portion of this work be withheld to protect proprietary or confidential information?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe your response.	

QUESTIONNAIRE FOR SPONSORING A FOREIGN SCHOLAR, SCIENTIST, VISITOR OR GUEST
SECTION 3: RESEARCH INSTRUMENTATION ACCESS & USE

Will the foreign person have access to or operate any research instruments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, specify all of the research instruments.	

Will the foreign person be provided instructions on how to develop, produce or use (operate, install, maintain, repair, overhaul and refurbish) the research instruments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

If a sponsored activity, does the sponsor have any proprietary technology or technical data related to the development, production or use (operate, install, maintain, repair, overhaul and refurbish) of any propriety item, article, device or software? Such technology and technical data is commonly subject to a nondisclosure, confidentiality or material transfer agreement.	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, will the foreign person be allowed access to the sponsored, proprietary or technical data or materials?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, specify the technology or technical data.	
Will the foreign person be exposed or access any Florida Tech proprietary technology or technical data?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, specify the technology or technical data.	

Will the foreign person be conducting any research or experiments in Florida Tech's labs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, specify the lab.	
Is it a shared lab with other Florida Tech researchers?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 4: OTHER ASSURANCES

Does the Florida Tech host/sponsor currently have any programs subject to export controls, technology control plans or U.S. government security classification?	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

Will the foreign person be contributing in any way to any programs subject to a technology control plan or other U.S. government restriction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

NASA restrictions on funding activities with China or any Chinese-owned company. Grants information circular (GIC12-01) restricts researchers accepting NASA funding from allowing any collaborator or visiting scholar to participate in NASA-funded research activities when the scholar is affiliated in any way with the government of China or Chinese-owned company. This restriction applies to students, student interns, visiting scholars or professors (even on a volunteer basis) who retain an affiliation with a Chinese institution of higher learning or government of China, or receive any international funding from the China state while they are in the U.S. or abroad.	
a. Is the foreign person: affiliated with the governments of China as a student, intern, visiting scholar, employee (faculty, staff, lecturer, researcher, etc.) even on a volunteer basis or in the U.S. on sabbatical? This includes professors with joint appointment, Chinese company representatives or Chinese government entity, and all others that receive scholarships or other types of funding from the Chinese government.	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Is the foreign person a non-Chinese researcher performing research for China, such as other U.S. researchers acting on behalf of a Chinese university or corporation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Will the proposed visiting person participate in any NASA-funded activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No

QUESTIONNAIRE FOR SPONSORING A FOREIGN SCHOLAR, SCIENTIST, VISITOR OR GUEST

TO THE BEST OF MY KNOWLEDGE, I CERTIFY THAT THE INFORMATION PROVIDED HEREIN IS ACCURATE AND TRUTHFUL.

Name of person preparing the form _____

Signature of person preparing the form _____

Date _____