

UNIVERSITY OF SOUTH FLORIDA
INTERNATIONAL STUDENT AND SCHOLAR SERVICES
J-1 EXCHANGE VISITOR INFORMATION
AND
(STUDENT) DS-2019 REQUEST FORM

The Exchange Visitor Program (EVP) has designated the University of South Florida as the program sponsor for Exchange Visitor Program No. P-1-03445. Under this program, the University is allowed to issue a "Certificate of Eligibility of Exchange-Visitor (J-1) Status" (DS-2019 Form) to enable foreign visitors who meet the eligibility criteria to apply for a J-1 visa and subsequently enter the United States. The Exchange Visitor Program was originally established through the language of the "Fulbright-Hays Act" (formally titled the "Mutual Educational and Cultural Exchange Act of 1961"). This legislation stated that its purpose was to:

enable the Government of the United States to increase mutual understanding between the people of the United States and people of other countries by means of educational and cultural exchange; to strengthen the ties which unite us with other nations by demonstrating the educational and cultural interests, developments, and achievements, of the people of the United States and other nations and the contributions being made toward a peaceful and more fruitful cooperation for educational and cultural advancement; and thus to assist in the development of friendly, sympathetic, and peaceful relations between the United States and other countries of the world [P.L. 87-256, 21 September 1961, Section 101, as amended]

Program Administrators (the Responsible Officer and Alternate Responsible Officers) of USF's J-1 program at International Student and Scholar Services (ISSS) are authorized to issue DS-2019 forms to persons who are to engage in USF's J-1 program in the following categories: **PROFESSOR**: A person who is engaging in a program for the purpose of teaching or conducting advanced research or both at USF (3 year program limit). **RESEARCH SCHOLAR** A person who is engaging in a research program at USF for the purpose of undertaking or participating in research or demonstrating and sharing specialized knowledge or skills. (3 year program limit) **SHORT TERM SCHOLAR**: A person participating in USF's J-1 program for 6 months or less (no extensions available). **SPECIALIST**: A person considered an expert in a field of specialized knowledge or skill (who is) coming to the U.S. for observing, consulting, or demonstrating (these) special skills (one year limit). **STUDENT**: A person who is engaging in an academic program at USF for the purpose of pursuing formal courses, or any combination of courses, research or teaching, leading to a recognized program objective, degree or certificate at USF.

This packet is designed to assist in the matriculation of international students in J-1 status to the University of South Florida.

INSTRUCTIONS:

1. J-1 STUDENT ELIGIBILITY:

Students are eligible for the Exchange Visitor Program only if at any time during their college studies in the United States:

- (1) they or their program are financed directly or indirectly by the United States government, the government of the student's home country, or an international organization of which the United States is a member by treaty or statute;
- (2) the programs are carried out pursuant to an agreement between the United States government and a foreign government;;
- (3) the programs are carried out pursuant to a written agreement between American and foreign educational institutions, between American education institution and a foreign government, or between American education institution and a foreign government, or between a state or local government in the United States and a foreign government; and
- (4) the exchange visitors are supported substantially by funding from any source other than personal or family funds.
[22 CFR 514.23 (c)]

2. APPLICATION PROCEDURES:

If you are a USF faculty member or staff person planning to sponsor a J-1 Exchange Visitor Student, please complete the attached DS-2019 request form and forward it to:

Marcia Taylor, Director
International Services
and J-1 Responsible Officer

OR

Kari Saunders, International Student Advisor
International Services
and J-1 Alternate Responsible Officer

After receiving the completed request form, a DS-2019 form will be issued.. The exchange visitor will use the DS-2019 form to apply for a J-1 visa at a U.S. Embassy or Consulate Post in the home country.

3. IMMEDIATE FAMILY:

An Exchange Visitor is allowed to bring immediate family members to the U.S. provided the departmental sponsor documents that support funds available. The family may either accompany the visitor or enter the U.S. separately at a later date. Special information is required for each family member, and the family data section in the request form must be completed. Dependents of Exchange Visitors will enter on J-2 visas. Each dependent will be issued a separate DS-2019 to enter the U.S. J-2 status is limited to the spouse and dependent, unmarried, minor children of the J-1. A J-2 visa holder may apply for work authorization through the Immigration and Naturalization Services after arrival. Further information is available at ISSS.

4. COST ESTIMATES:

The departmental sponsor must verify that funding available for the incoming Exchange Visitor and accompanying dependents. The following figures constitute a minimum per annum cost estimate (based on rates for Tampa suggested by the Institute of International Education):

LIVING EXPENSES (PER YEAR):

J-1 EXCHANGE VISITOR (STUDENT)	\$15,260.00
SPOUSE	\$5,000.00
CHILD (EACH)	\$5,000.00

HEALTH INSURANCE: (PER YEAR)

J-1 EXCHANGE VISITOR (STUDENT)	\$1,300.00
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5. U.S. ENTRY:

Upon arrival, Exchange Visitors are required to check in with International Services and attend an orientation. International Services is located in Cooper Hall room 469.

(STUDENT)
DS-2019 (formerly IAP-66) REQUEST FORM
UNIVERSITY OF SOUTH FLORIDA
EXCHANGE VISITOR PROGRAM NO. P-1-3445

PLEASE TYPE:

1. **Student's Name:** _____
(family name) (first name) (middle)

2. **Male** _____ **Female** _____

3. **Date of Birth:** ____/____/____ **Birth Place:** _____
month day year city & country

4. **Citizen of** _____ **Legal permanent resident of** _____
(country) (country)

5. **Student's *current* mailing address (to mail DS-2019 form)**

6. **Position in home country:** _____

7. **Period of stay requested** ____ ____ ____ to ____ ____ ____
(mo) (day) (yr) (mo) (day) (yr)

8. **Major:** _____

9. **Briefly state the program objectives which the Student will be pursuing while in the U.S. at USF.**

10. FINANCIAL VERIFICATION:

Please check and complete the following as appropriate. The funding for this Exchange Visitor will be provided by:

___ A. The University of South Florida.

Please check type of support:

Amount of funding: _____
Funds provided by: _____
[dept/college]
Source of funding: _____
[grant/no.]

Tuition provided _____
Board provided _____
Room Provided _____

___ B. A U.S. Government Agency (direct award to the visitor).

Amount of funding: _____
Source of funding: _____
[name of agency]

___C. The Exchange Visitor's home government.

Amount of funding: _____

___D. A Bi-national Commission of the visitor's country.

Amount of funding: _____

___E. All other organizations providing support.

Amount of funding: _____

Source of funding: _____
[name of organization]

___F. Additional Personal Funds. (Bank statement required)

Amount of funding: _____

Note: Personal funds should be verified by having the Exchange Visitor provide a bank certification or letter indication availability of funds. Please attach this certification.

11. TRANSFER:

Is your Exchange Visitor transferring from another exchange program in the United States?

YES _____ NO _____

12. ENGLISH PROFICIENCY:

USIA regulations state that "the Exchange Visitor must possess sufficient proficiency in the English language to participate in his or her program."

The Department Sponsor has verified English proficiency in the following way:

_____ Phone Conversation

_____ TOEFL Score

13. REQUIRED HEALTH INSURANCE:

Health and accident insurance is **MANDATORY** for all Exchange Visitors and their dependents.

Please FAX the Exchange Visitor the attached **INSURANCE VERIFICATION FORM** (pg. 6) and ask him/her to read it, sign it, and return it to you by FAX so that you can send it to ISSS with the DS-2019 Request Form.

NOTE: Form DS-2019 cannot be issued without the signed insurance verification form. If the Visitor will not be covered by USF insurance it may be necessary for him/her to purchase a rider to the existing policy for medical evacuation and repatriation which is available Student Health Services (SHS) and can be purchased upon arrival at USF.

NOTE: Please submit the biographical/photo page of your Exchange Visitor's passport.

14. **DEPENDENTS:** Please check one: _____ The exchange student will not bring dependents.
_____ The immediate family will travel with student.
_____ The family will come at a later date.

Please provide the dependent information below:

NAME	RELATIONSHIP	DATE OF BIRTH	PLACE OF BIRTH	COUNTRY OF CITIZENSHIP
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15. **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:**

USF DEPARTMENT SPONSOR: Marrissa Cook DATE: _____
(Please type name)

(Signature)

USF ADDRESS: 12901 Bruce B Downs Blvd Tampa, FL 33612

DEPARTMENT: Student Affairs

COLLEGE: Medicine

PHONE: (813) 974-0828

DEPARTMENT CHAIR: _____ Date: _____
(Please type name)

(Signature)

COLLEGE DEAN: Steven Specter, PhD Date: _____
(Please type name)

(Signature)

Person filling out form (or) contact person: Marrissa Cook
Phone: (813) 974-0828

MAIL DS-2019: Please check one

ISSS will send by **Domestic Mail** _____
Department will send by **Express Mail**

Please return this completed form to:

**INTERNATIONAL SERVICES
UNIVERSITY OF SOUTH FLORIDA
4202 E. FOWLER AVE. CPR 107
TAMPA, FL 33620-5550**

HEALTH INSURANCE VERIFICATION FORM

As a J-1 exchange Visitor in the United States, under a rule effective September 1, 1994, you must carry health insurance for the full duration of your J program. Government regulations stipulate that if you willfully fail to carry health insurance which meets the minimum federal requirements for yourself and your dependents, your J-1 sponsor must terminate your program, and report the termination to the United States Information Agency (USIA) in Washington. If you fail to carry the required health insurance you will be considered to be "**out of status**" and ineligible for extension of stay, employment, or change of status.

In addition to the fact that you must maintain health insurance for yourself and your dependents throughout your program, the insurance policy you carry must meet or exceed certain minimum requirements as stated below.

Please review your current policy to determine whether or not health insurance purchased in your home country or elsewhere meets the minimum requirements. International Student and Scholar Services at USF does not have the authority to waive these Federal requirements for any Exchange Visitor and dependents. The following requirements meet the Federal and State insurance regulations.

THE FOLLOWING OUTLINE OF MINIMUM INSURANCE REQUIREMENTS:

No foreign student in nonimmigrant status shall be permitted to register, or to continue enrollment without demonstrating that he or she has adequate medical insurance coverage for illness or accidental injury. An appropriate health insurance policy *must* have the following elements present:

1. 52 weeks continuous coverage.
2. Basic benefits: room, board, hospital services, physician fees, surgeon fees, ambulance, outpatient services and outpatient fees paid at 80% of usual, customary, and reasonable (UCR) charge after deductible is met.
3. Inpatient mental health care: 50% of UCR charges with a 30 day cap.
4. Outpatient mental health care: 50% of UCR charges with a \$100 cap.
5. Maternity benefits: treated as any other medical condition.
6. Inpatient/Outpatient prescription medication offers coverage.
7. Repatriation: \$7500 coverage to return remains to the home country in the event of death.
8. Medical evacuation: \$10,000 coverage to permit patient to be returned to home country for medical treatment.
9. Exclusion period for pre-existing conditions: first six (6) months.
10. Deductible: \$50 per occurrence if treatment is given at USF Student Health Services: \$100 per illness/accident if treatment is given elsewhere.
11. Aggregate cap: \$200,000 per occurrence.

Students must show proof of appropriate health insurance coverage before registration. An insurance policy which is recommended by International Student and Scholar Services at USF will be available for you to purchase during orientation.

I have read the above information on the J-1 health insurance requirements and I pledge to maintain insurance meeting all these requirements for myself, and for any accompanying dependents, throughout the entire stay in Exchange Visitor status in the United States. I further understand that willful failure to comply with the insurance requirements will result in my termination of the J-1 Exchange program.

Student's Last Name, First Name
(Please Print)

Signature

Date