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## EXCHANGE VISITOR PROGRAM REQUEST TO AMEND THE PROGRAM / FORM DS-2019

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The required insurance coverage for the J-1 exchange visitor (and all J-2 dependents, if applicable) must be valid for a minimum period of 30 days beyond the date that the request to amend the J program is submitted to EVS.

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**J-1 Exchange Visitor's Current Information (name and date of birth noted in passport):** UFID \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_ Suffix \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

SEVIS ID (in the upper right corner of DS-2019) \_\_\_\_\_

Address Line 1 (current physical U.S. address) \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Are you subject to the 212E rule? \_\_\_\_\_

Have you applied to the Department of State for a Waiver? \_\_\_\_\_ Was the waiver granted? \_\_\_\_\_

Amendments to Change of Funding (source of external third party funding) and Extension of Program End Date CANNOT be processed after the visitor's receipt date of a 212(e) waiver recommendation approval letter.

### REQUESTED AMENDMENT(S):

J-1 program amendments are limited to the confines of the original program objective.

ANY changes to the existing program require prior approval from EVS.

**Type of Amendment you are requesting (check all items that apply):**

**Change or Addition of Worksite Location**

Name of Site of Activity \_\_\_\_\_

Address Line 1 (physical address, no PO Boxes) \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_ Routing Code \_\_\_\_\_

**Change of Supervisor**

New Supervisor's Name (printed) \_\_\_\_\_

Current Supervisor's Name (printed) \_\_\_\_\_

I acknowledge the transfer of the sponsorship role for the J scholar, whose name appears above, from his/her current department/center.

Current Supervisor's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Change of Funding** \_\_\_\_\_

**Extension of Program End Date** Dates Requested: \_\_\_\_\_ TO: \_\_\_\_\_

Note: The total program period cannot exceed: 6-months for Short-Term Scholars, 5-years for Research Scholars/Professors, 12-months for Student Interns.

If J-2 dependents are currently with the exchange visitor in the U.S., indicate the following: Spouse \_\_\_\_\_

No. of children: \_\_\_\_\_

Note: If dependents are not currently participating in the J-1 program with the exchange visitor, then the exchange visitor must submit the [EV Dependent Request Form](#) to add the dependents to the program.

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Last Name \_\_\_\_\_ UFID \_\_\_\_\_  
 First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Suffix \_\_\_\_\_

**Reduction in Length of Program**

Required only if program is ending more than 15 days earlier than the current end date

Last day of activity at UF: \_\_\_\_\_

J-1 exchange visitor \_\_\_\_\_ met the program objective

Reduction in the J-1 scholar program due to: \_\_\_\_\_

The Reduction in Length of Program is retroactive and the scholar is no longer in the U.S.  
 The host department \_\_\_\_\_ wish to have a copy of the amendmend DS-2019.

**Note:** Transfers to and from the University of Florida require separate forms.

**FINANCIAL SUPPORT REQUIREMENTS:**

Minimum funds that must be verified for the entire program activity period:

- \$1,500/month for Exchange Visitor
- \$1,000/month for Spouse
- \$500/month for each child

**SOURCE OF FINANCIAL SUPPORT:**

**Financial support documentation from the supporting agency for the remaining period of the J-1 program must be attached.**

\_\_\_\_\_ *Has the Program Sponsor received funding for international exchange from one or more US government agencies to support this exchange visitor? Answer YES only if the scholar is specifically named in the grant. This question must be answered for all financial support categories*

**University of Florida** (including grants paid through payroll) \_\_\_\_\_

Is this non-tenure accruing position eligible for UF benefits? (MUST BE ANSWERED) \_\_\_\_\_

**U.S. Government Agency** (direct payment to scholar, not through UF) \_\_\_\_\_

Name of Org. or Code \_\_\_\_\_

**International Organization.** \_\_\_\_\_

Name of Org. or Code \_\_\_\_\_

**The Exchange Visitor's Government** \_\_\_\_\_

*NOTE: The visitor may be subject to the 2-year home-return rule (212e) if funding is provided directly from the visitor's home government.*

**The Binational Commission of the Visitor's Country** \_\_\_\_\_

**All other organizations providing support.** \_\_\_\_\_

Name of Org. or Code \_\_\_\_\_

**Personal Funds.** \_\_\_\_\_

*Attach a bank statement in English and US dollars. If personal funds are from a family member or friend, also attach the [Certification of Financial Responsibility \(CFR\) form.](#)*

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Last Name \_\_\_\_\_ UFID \_\_\_\_\_  
First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Suffix \_\_\_\_\_

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*As sponsor and/or department chair/center director, I acknowledge that the J exchange visitor, whose name is posted above, must maintain the required J exchange visitor insurance coverage throughout the duration of the sponsored J program and that if this requirement is not continuously met, the applicable J program will be terminated.*

**ACKNOWLEDGMENT OF SPONSORSHIP RESPONSIBILITY:**

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Signature of Faculty Sponsor \_\_\_\_\_ Date \_\_\_\_\_

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Name of Faculty Sponsor and Title \_\_\_\_\_

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UF Department/Center \_\_\_\_\_

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UF College \_\_\_\_\_

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Signature of Chair/Director \_\_\_\_\_ Date \_\_\_\_\_

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Name of Chair/Director \_\_\_\_\_

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Signature of Department Contact \_\_\_\_\_ Date \_\_\_\_\_

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Name of Department Contact \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_ FaxUF \_\_\_\_\_  
Department/Center sponsor and administrative staff must provide signature for acknowledgment purposes.

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Please email completed packet to [evs@ufic.ufl.edu](mailto:evs@ufic.ufl.edu)

Completed packet must be submitted no later  
than 30 days before requested change

Submit by Email