



INTERNATIONAL SERVICES
Connect with the World

EXCHANGE VISITOR PROFILE
(DS-2019 Request Form B)

The Exchange Visitor must complete this form and return it to the FGCU department sponsor.
Please type or print clearly.

Exchange Visitor's Family Name _____ First Name _____ Middle Name _____ Male Female

Date of Birth _____ Place of Birth _____
(mm/dd/yy) City Country

Country of Citizenship _____ Country of Legal Residence _____

Present position, e.g., Teacher/Professor/Lecturer/Research Scholar/Specialist (circle one). Other _____

Institution/location of present position _____

Before you begin this FGCU program will you have been in the U.S within the past 12 months as a J-1 student, professor, research scholar, or J-2 dependent? No Yes

If "yes," what category (student, researcher, scholar) _____

Dependent Data

If your dependents will come to the U.S during your program, you must provide evidence of sufficient financial support prior to the issuance of their DS-2019. List below dependents (spouse and children under 21).

Please indicate who will accompany you or will join you later (if "will join later," please include start and end dates):

Relationship (spouse/child) (mm/dd/yy)	Family Name	Given Name	Birthdate (mm/dd/yy)	Birthplace	Country of Citizenship and Legal Residence	Come with me to U.S. Yes or No	Will join later. Provide start and end dates

U.S. government regulations require that you and your dependents, who come during your program, be covered by medical and accident insurance meeting specific requirements for the duration of stay in the U.S. If you or your dependents are not already covered at the time of arrival, you must purchase coverage upon arrival. All exchange visitors will be provided information on medical insurance requirements and insurance programs available to them.

I certify that the information provided is true and accurate to the best of my knowledge.

An original signature of the visitor is not required. An FGCU department sponsor may sign to verify accuracy of information.

Signature of Exchange Visitor

Date

OR

Signature of FGCU Department Sponsor

Date

Mailing Address of Exchange Visitor (Abroad) _____

Phone: _____

Fax: _____

Email: _____

Please use the space below to provide additional information corresponding to any previous questions on this form.