

UFIC Exchange Visitor Registration Form

PLEASE TYPE or PRINT CLEARLY

Last Name _____ **First Name** _____ **Middle Name** _____

Date of Birth (MM/DD/YYYY) _____ **UFID** _____ **UF Email Address *** _____

Address (must be where you live in the U.S. - NOT a post office box, input even if the address is temporary):

Address*: _____ Apt#: _____

City: _____ State: _____ Postal Code: _____

Phone Number: _____ Email Address: _____

The above information is fully required. If you do not yet have a U.S. phone number please input a phone number where you can be reached such as your UF department's number or UF faculty supervisor's number. Please be sure to inform EVS once you establish a U.S. phone number and UF email address or if contact information changes.

Emergency Contact (in home country):

Name: _____

Address: _____ Apt#: _____

City: _____ State: _____ Postal Code: _____

Phone Number: _____ Email (if known): _____

Emergency Contact (person to contact in U.S.):

Name: _____

Address: _____ Apt#: _____

City: _____ State: _____ Postal Code: _____

Phone Number: _____ Email (if known): _____

I certify that I have viewed the EVS pre-arrival information.

Your Signature: _____ Date: _____

Printed Name: _____

** If you do not have a UF email address yet, please provide our office with the address when you obtain it. A valid email address is needed by EVS to communicate with you during your J Program. If your living address is temporary please be sure update EVS within 10-days of a move, even if you are at the same apartment complex and only change apartment numbers.*

Updating your U.S. Address

- If your U.S. living address changes, please notify your EVS advisor or the main EVS email address at EVS@ufic.ufl.edu as well as update your UF directory profile at www.my.ufl.edu.

I AGREE TO, WILL ADHERE TO, AND FULLY UNDERSTAND THE FOLLOWING REQUIREMENTS:

- 1) I acknowledge should Exchange Visitor Services (EVS) within the UF International Center (UFIC) issue my form DS-2019 then the University of Florida (UF) is my program sponsor and EVS holds the responsibilities for my J-1 status. I further acknowledge EVS cannot be held responsible should I obtain advice/guidance about my J-1 status outside the UFIC.
- 2) I understand it is my responsibility to maintain appropriate and continuous health insurance for **myself and for any of my J-2 dependents at all times**. I acknowledge if I allow the required health insurance to lapse this can seriously jeopardize my J-1 status as well as my accompanying J-2 dependent/s. I also understand the required health insurance must meet the minimum requirements for the J Program as mandated by the U.S. Department of State. Health insurance must be maintained even if the J-1 or J-2 dependent/s are not inside the U.S. and wish to keep the DS-2019/s and SEVIS record/s active. I acknowledge there are no exceptions to the insurance requirements.
- 3) I will notify EVS within 10-days of a move in regards to changing my U.S. living address. I will also make sure that EVS has my current email address and phone number at all times. I acknowledge keeping my contact information up to date is a requirement of my J-1 visa status.
- 4) I will notify EVS in a timely manner if anything about my J Program changes or needs to be updated. I understand that failing to notify EVS of any changes/updates to my program **30-days** prior to any change could jeopardize my J-1 status. I agree to communicate with my UF department/center/REC to request needed changes/updates with EVS, however I understand it is my ultimate responsibility for communicating the need for these changes/updates with EVS. I acknowledge my responsibility to contact EVS directly should I have questions or concerns in regards to my J-1 or that of my accompanying J-2 dependent/s status. Important changes and updates include, but not limited to:
 - a) Changing my program dates (staying longer/DS-2019 extension or leaving early/shortening of the program),
 - b) Moving to a new department and/or changing my worksite location and/or my UF faculty supervisor,
 - c) Any changes in funding (amount and/or source).
- 5) I acknowledge any additional activity conducted outside of my UF host department/center/REC must be communicated and approved by EVS before engaging in such activity. Unauthorized employment/outside activity will jeopardize my J-1 status. I acknowledge the J visa is not an employment based visa and the core J Program objectives are for educational and cultural exchange. Outside activity includes, but not limited to:
 - a) Receiving reimbursement for travel expenses and/or receiving an honorarium,
 - b) Conducting occasional lectures or consultations (any employment),
 - c) Volunteering related to my education or to gain experience in my field (true service volunteering is permitted - please inquire with EVS for appropriate determination and guidance).
- 6) I agree to abide by all local, state and federal laws of the U.S. Should I violate any laws I will communicate such with EVS. I will also adhere to policy, appropriate conduct and all other regulations of the University of Florida, my UF host College and host department/center/REC, including all J Program regulations. Should certain laws and policies be violated, I acknowledge such could jeopardize my J-1 status and as well as the status of my accompanying J-2 dependent(s).
- 7) I acknowledge I may take UF courses on a part-time basis (6 credits or less per semester) with permission of my UF faculty supervisor AND as long as taking courses does not in any way interfere or impede my original J Program objectives and duties. I also acknowledge taking courses cannot be or become the primary function of my J Program visit.
- 8) I acknowledge I have full access to current and accurate advising from EVS in regards to the J status for me and any accompanying J-2 dependents as well as the Exchange Visitor Program. I acknowledge I have rights afforded to me both as a U.S. visitor under the J Program and as an affiliate of the University of Florida. Should I feel my rights have been violated I will contact EVS for assistance and guidance.
- 9) I will notify EVS and my UF host faculty supervisor, in advance, about extended travel I plan either within or outside of the U.S. which will take me away from my prescribed J Program duties. I understand that EVS will not authorize my out of the U.S. travel unless I have health insurance for myself and any J-2 dependents which is effective for the full duration of the trip. J-1 categories of Research Scholar and Professor who will be traveling outside of the U.S. more than 30-days outside of the U.S. must additionally submit an Out of Country form (inquire with EVS about this procedure).

I have read and understand the above requirements. I have asked an EVS representative for clarification of any requirement which I did not understand. I understand and will be responsible for the above requirements of maintaining my J-1 visa status and that of any accompanying J-2 dependents.

Signature of Primary Exchange Visitor (J-1): _____ Date: _____