

## **J-1 NON-DEGREE STUDENT**

*A “Non-degree seeking student” is an exchange visitor who will be engaged in a prescribed course of study at the University of Florida. This form is NOT used for exchange students involved in a UF reciprocal exchange program.*

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### **Eligibility Requirements for a J-1 Non Degree Student**

- 1) Student must have a UF faculty sponsor.
- 2) Student must be substantially (2/3) funded by UF **OR** by his/her home government **OR** home university **OR** an international organization.
- 3) Tuition will be paid at the current non-resident tuition rate.
- 4) Non-Degree students are required to register for at least one credit hour at the non-resident tuition rate, per semester or partial semester at the undergraduate or graduate level, as appropriate (e.g., 4950 or 6905). Please note: One credit minimum is required regardless of your home institution’s credit transfer requirements.
- 5) The program can be no more than 24 months in duration.
- 6) A minimum of \$1,500/month of financial support is required for the length of the program. He/she must show an additional \$500.00/month for a spouse and \$250/month for each child, if planning to bring dependents in J-2 status.

### **J-1 NON-DEGREE STUDENT EXCHANGE VISITOR FACTS**

- Student must pay the SEVIS fee (I-901) <http://www.ice.gov/sevis/i901/index.htm> prior to their visa appointment.
- Student and dependents may enter the US up to thirty days before program begins.
- Student and dependents may stay in the US up to thirty days after program ends.
- Student **MUST** check-in with UFIC, 170 HUB, once they arrive at the University of Florida. Hours of operation are from 8:00am to 5:00pm, Monday through Friday.
- Student must bring the following documents to check-in: passport with valid visa, I-94 card, and original DS-2019.
- Health/accident insurance coverage is mandatory for all J-1 exchange visitors and their dependents at all times while they are in the U.S. This is a regulation of the U.S. Department of State and a requirement of the University of Florida.
- Proof of immunization requirements must be satisfied; visit <http://shcc.ufl.edu/medical/immune.shtml> for more information.
- Student must notify the International Center if he/she cannot arrive at UF by the begin date on their DS-2019.

### **Departmental Requirements to Sponsor a J-1 Non Degree Student**

- The host department must completely fill out the J-1 Non-Degree Student/ DS2019 Request Form with the required signatures.

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**Non-Degree Request Form.**  
***TO BE COMPLETED BY HOSTING DEPARTMENT***

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*Please complete all items for Non- Degree student:*

Last Name: \_\_\_\_\_ UFID \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Student's email: \_\_\_\_\_

Student will:                      Begin a new program at UF                      Transfer from another J-1 program.

**Student will engage in the following activities for his/her program objective as a non-degree seeking student in a Prescribed Course of Studies (PCS).** Describe the activities briefly, yet clearly. The PCS is equivalent to 15 research hours per week.

\_\_\_\_\_  
\_\_\_\_\_

**Student's period of activity at UF:** \_\_\_\_\_ to \_\_\_\_\_

**Site of Activity / Work Location** (the physical location where the scholar will be performing their work)

Name of Department: \_\_\_\_\_

Physical Address (no PO Box's): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**During this period, financial support in U.S. dollars will be provided to the student by (must verify funds if from other than UF Department):**

University of Florida	\$ _____
U.S. Government Agency (Name of Org. or Code) _____	\$ _____
International Organization (Name of Org. or Code) _____	\$ _____
The Exchange Visitor's Government	\$ _____
The Binational Commission of the Visitor's Country	\$ _____
All other organizations providing support (Name of Org. or Code) _____	\$ _____

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*Please complete all items for UF faculty sponsoring Non- Degree student:*

Faculty Name and Title: \_\_\_\_\_

Faculty Department: \_\_\_\_\_

Faculty Campus Address: \_\_\_\_\_

Faculty Phone: \_\_\_\_\_ Faculty Email: \_\_\_\_\_

**Faculty Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Signature of approval from Department Chairman:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of approval from Dean of School:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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