

Exchange Visitor Check-In Form

BSMP/IIE Program – Summer Academic Training Opportunity at UF

Last Name: _____ First Name: _____

Date of Birth (month/day/year): _____ UFID: _____ Email Address: _____

U.S. Living Address:

Physical address while you are living during your UF internship; this address cannot be a post office box.

Address: _____ Apartment/Unit #: _____

City: _____ State: FL Postal Code: _____

Phone Number: _____

Emergency Contact (outside of the U.S.):

Name: _____

Phone Number (including country code): _____

Email (if known): _____

Emergency Contact (person to contact inside the U.S.):

Name: _____

Phone Number (including country code): _____

Email (if known): _____

Academic Training Information:

Dates of Approved UF Academic Training (month/day/year)

Start Date: _____ End Date: _____

Name of IIE Student Representative: _____

UF College: _____

UF Department: _____

Faculty Host Name: _____

Phone Number: _____ Email Address: _____

Health Insurance Information:

Provider (and plan if applicable): _____

Current Coverage Dates (month/day/year): _____

Student Responsibilities

IIE has authorized your J-1 Academic Training in SEVIS and in writing. Authorization appears on the first page, section #5 of your form DS-2019. IIE has issued a letter authorizing the specific Academic Training with UF.

You must notify your IIE student representative if:

- You change your U.S. living address, including living at the same complex and only your apartment/unit number changes. You must notify IIE within 10 days of any change of U.S. address
- Your contact information changes, such as your phone number or email
- You wish to travel outside the U.S. and/or need a travel signature/date on your DS-2019 for reentry to the U.S.
- You are arrested or receive a citation for any criminal activity
- Your Academic Training opportunity is terminated for any reason by UF, your UF host faculty member, UF department or UF College and/or IIE

You must notify your IIE student representative and receive prior approval if any specifics about your UF Academic Training would change, such as:

- Name and/or address of primary site of activity
- Faculty host supervisor's name and/or contact information (phone number/email)
- Funding changes (if your UF host department needs to stop any funding or wishes to start paying you)
- Amending Academic Training dates (such as an extension or if you need to end the program early)

You will notify the UFIC J Program Advisor Scott Davis (sdavis@ufic.ufl.edu) and the UF BSMP Coordinator Nathalia Hernandez Ochoa (nochoa@latam.ufl.edu) if:

- There are any approved changes to your Academic Training as well as provide any amended documents such as the DS-2019 and Academic Training Authorization Letter.
- You change your local living address or contact information while under Academic Training at UF
- You are arrested or receive a citation for any criminal activity
- Your Academic Training opportunity is terminated for any reason by UF, your UF host faculty member, UF department or UF College and/or IIE

You will notify your UF supervisor if you will be out due to illness as well receive advance approval for any time you wish to take off from your UF program activities.

I acknowledge I have provided accurate and true information on the check-in form. I acknowledge I have read, understand and will comply with the above student responsibilities. I further acknowledge I will abide by all rules and regulations from IIE as well as the University of Florida.

Student Signature

Date (month/day/year)