



FORM A: J-1 INITIAL APPLICATION FOR SCHOLARS
 BY SPONSORING DEPARTMENT

(IC201001)

DIRECTIONS: To be completed by the UC San Diego sponsoring department for inviting J-1 international scholars engaging in research or teaching duties. A DS-2019 will be issued within 15 business days and **returned to the department** for mailing to the scholar. All information should be typed. **Please read the INSTRUCTION SHEET for complete details.**

Request Type: **New** **Transfer IN** **Change of Status** **Amendment** (Form A only)

SECTION 1: SCHOLAR INFORMATION

Enter the name as it appears on the scholar's passport biographical page.

1. Family/Last Name:	Given/First Name:	Middle Name:
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SECTION 2: PROGRAM INFORMATION

2. Appointment Date: (Month/Day/Year) From:	To:	3. Future Extension? <input type="checkbox"/> Yes <input type="checkbox"/> No
4. J-1 Category: <input type="checkbox"/> Research Scholar <input type="checkbox"/> Short-Term Scholar (6 months duration max) <input type="checkbox"/> Professor		
5. Payroll/ Non-Paid Title: (select from drop down menu, do not leave blank)	6. UCSD Title Code: (Leave blank for non-paid titles)	
7. Area/Field of Research:		
8. Activity: <input type="checkbox"/> Research <input type="checkbox"/> Lecture	9. Is this a tenure track position? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION 3: FINANCIAL SUPPORT INFORMATION

10. Read Instruction Sheet for additional information. REQUIRED: Written verification in English and amount must be shown in US dollars. Indicate all applicable funding sources.

Funding Source	Amount per month (USD)	# of months	Total Amount
University of California, San Diego – SALARY (includes government grants)	\$		\$
University of California, San Diego - OTHER (Specify below, i.e. reimbursement, per diem, etc):	\$		\$
US Government Agency (includes grants given directly to visitor for international exchange)	\$		\$
Visitor's Home Government (paid directly only)	\$		\$
International Organization (paid directly only, i.e. NATO, UN, WHO)	\$		\$
Binational Commission (paid directly only, i.e. Fulbright)	\$		\$
Personal Funds (attach copy of bank statement)	\$		\$
Other (specify below, i.e. home institute name):	\$		\$

TOTAL = \$ _____
 (GO TO NEXT PAGE: 1 of 2)

SECTION 4: SPONSORING DEPARTMENT CERTIFICATION

PLEASE READ CAREFULLY BEFORE YOU SIGN THIS FORM. Your signature indicates that you agree to the following:

- The sponsoring department will provide assistance to the scholar upon arrival at UC San Diego.
- The proposed activity is suitable to the scholar's background, needs and experience.
- The scholar has sufficient English language proficiency to participate in the proposed activity and to adjust to daily life.
- The scholar and family members have sufficient funding for their stay. (Please see attached instruction sheet for a complete breakdown of the monthly minimum requirements.)
- The scholar is aware of the health insurance requirements and has a clear understanding of who will be responsible for paying the insurance premiums. (See Form C: Health Insurance Memo of Understanding for details about health insurance requirements.)
- The scholar has a clear understanding of what office/lab space, equipment, computer access, etc. will be available.
- The scholar will engage only in activities that are consistent with the intended program while on UC San Diego campus.
- Inform ISO when the following conditions change:
 - Financial support
 - Position title/appointment
 - Termination and/or completion of program
 - The scholar will be away for more than 30 days
- **This request is based on an actual proposed appointment and the department is responsible for following up with the appropriate campus respective offices and units for the necessary appointment/position title approval.**

11. Will health insurance be paid by the sponsoring department? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<small>Please notify or confirm with the scholar whether health insurance is provided by the department. The scholar must complete Form C: Health Insurance Memorandum of Understanding.</small>				
12. Site of Activity -Physical location of scholar's activity, include all relevant on- or off-campus sites:				
<input type="checkbox"/> Main Campus & SOM	<input type="checkbox"/> UCSD Hillcrest Medical Center	<input type="checkbox"/> SIO	<input type="checkbox"/> VA Hospital	<input type="checkbox"/> Moore's Cancer Center
<input type="checkbox"/> Other (provide location name and address below):				

PROGRAM SPONSOR INFORMATION:

Name	Signature	Date	Phone Number
Department Chair OR Chief HR Officer:			
Sponsor/Supervisor:			
Department Contact:		Mail Code:	
Department Name:		Department Contact E-mail:	

NOTE: PLEASE ALLOW AT LEAST 15 BUSINESS DAYS TO PROCESS THIS REQUEST

Departments should deliver or mail completed packet to the UC San Diego International Scholar Office (MC 0018).

