



FORM A: DS-2019 INITIAL REQUEST FOR SCHOLARS
BY SPONSORING DEPARTMENT (IC200907)

DIRECTIONS: To be completed by the UC San Diego sponsoring department for 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 visitor. All information should be typed. **Please read the INSTRUCTIONS SHEET for complete details.**

Request Type: **New** **Transfer IN** **Change of Status** **Amendment** (update funding, dept., appt., etc)

SECTION 1: SCHOLAR INFORMATION

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

1. Name: _____ <small>(Family/Last Name)</small>	_____ <small>(First/Given Name)</small>	_____ <small>(Middle Name)</small>
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SECTION 2: PROGRAM INFORMATION

2. Appointment Date: From: _____ To: _____ <small>(Month/Day/Year) (Month/Day/Year)</small>	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 mos. max duration) <input type="checkbox"/> Professor	
5. Payroll/ Non-Paid Title: _____ <small>(select from drop down menu, do not leave blank)</small>	6. UCSD Title Code: _____ <small>(Leave blank for non-paid titles)</small>
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 minimum requirement details. **REQUIRED:** Written verification in English and amount must be shown in US dollars.

<input type="checkbox"/> University of California, San Diego <small>(includes government grants to UCSD)</small>	\$ _____	per month X _____	months=\$ _____	
<input type="checkbox"/> US Government Agency <small>(includes grants given directly to visitor for international exchange)</small>	\$ _____	per month X _____	months=\$ _____	
<input type="checkbox"/> Visitor's Home Government <small>(paid directly only)</small>	\$ _____	per month X _____	months=\$ _____	
<input type="checkbox"/> International Organization <small>(paid directly only, NATO, UN, WHO)</small>	\$ _____	per month X _____	months=\$ _____	
<input type="checkbox"/> Binational Commission <small>(paid directly only, Fulbright)</small>	\$ _____	per month X _____	months=\$ _____	
<input type="checkbox"/> Other (must specify, ex. home institute name):	\$ _____	per month X _____	months=\$ _____	
<input type="checkbox"/> Personal Funds <small>(attach copy of bank statement)</small>	\$ _____	per month X _____	months=\$ _____	
TOTAL = \$ _____				

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 visitor upon arrival at UC San Diego.
- The proposed activity is suitable to the visitor's background, needs and experience.
- The visitor has sufficient English language proficiency to participate in the proposed activity and to adjust to daily life.
- The visitor and family members have sufficient funding for their stay. (Please see attached instruction sheet for a complete breakdown of the monthly minimum requirements.)
- The visitor 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 visitor has a clear understanding of what office/lab space, equipment, computer access, etc. will be available.
- The visitor will engage only in activities that are consistent with the intended program while on UC San Diego campus.
- Inform the International Center 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.**

PROGRAM SPONSOR INFORMATION:

UCSD

Department Chair:

OR

Chief HR Officer:

Name _____	Signature _____	Date _____	Phone number _____
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Sponsor/Supervisor: Name _____	Signature _____	Date _____	Phone number _____
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Department Contact: Name _____	Signature _____	E-Mail Address _____
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Department: _____ Mail Code _____ Phone number: _____

11. **Will health insurance be paid by the sponsoring department?** Yes No
Please notify or confirm with the scholar whether health insurance is provided by the department. The visitor must complete Form C: Health Insurance Memorandum of Understanding.

12. **Site of Activity** -Physical location of scholar's primary activity: Main Campus SIO VA Hospital
 UCSD Hillcrest Medical Center Other (provide name and address of site below):

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

Departments should deliver or mail completed package to the UC San Diego International Center (MC 0018).

