

California State University San Bernardino
VISITING SCHOLARS (J-1) INFORMATION PACKET

For a prospective scholar or employee who is not a U.S. citizen or permanent resident

Please **complete and return** the following materials to the International Center 90 days before the start of the Visiting Scholar's program:

- ___ I. Information Packet (Sec. A-G)
- ___ II. Curriculum Vita (See Sec. A.10)
- ___ III. PAD: Proposed Activity Description (See Sec. B.4)
- ___ IV. Documentation of funding (See Sec. C)
- ___ V. Proof of relationships if applicable (See Sec. D.3)
- ___ VI. Copies of visa documents (See Sec. E.3)
- ___ VII. Health Insurance (See Sec. F)
- ___ VIII. *Invitation Letter* (See Sec. G - CSUSB only)

For Visiting Scholar:

Check the Applicable Box: ☐ Initial Request for J-1 Exchange Visitor ☐ Transfer of J-1 Program (See Sec. E)

A. INFORMATION ABOUT THE INTERNATIONAL SCHOLAR

1. Name (As it appears in the passport) _____
Family name _____ Given name _____ Middle name _____
2. Date of Birth _____ Place of Birth _____ Male ___ Female ___
month/day/year _____ City/Country _____
3. Country of Citizenship _____ Country of legal permanent residence _____
4. Current Address _____
mailing address, including country _____
5. Email Address _____ Phone number _____
6. Position title in home country _____
7. Please check appropriate category/categories for position in home country: Faculty ___ Researcher ___ Other _____
8. Name of home-country institution _____
9. Highest Academic Degree _____ Scholar's specialized field _____
10. **Attach an original copy of resume or curriculum vita.**

B. INFORMATION ABOUT THE APPOINTMENT/ACTIVITY

1. Initial visit period for which funding is guaranteed (month/day/year) From _____ To _____
2. Specific Subject/Field to be engaged in is _____
3. Specific Activity: Research ___ Teaching ___ Certificate program ___ Other _____
4. **Attach a proposed activity description.**

C. SOURCE AND AMOUNT OF FINANCIAL SUPPORT

The required minimum support is \$1,500 per month for the scholar, \$1000 per month for a spouse and \$500 per month for each child. This does not include furniture, health insurance and child care expenses.

Please include funding information for the ENTIRE initial visit period listed in Sec.B.1 above:

- | | |
|---|------------------|
| a) CSUSB (specify payroll, honorarium, per diem): _____ | Amount: \$ _____ |
| b) U.S. Government Agency: _____ | Amount: \$ _____ |
| c) Visitor's Government/Sponsor: _____ | Amount: \$ _____ |
| d) Other (specify): _____ | Amount: \$ _____ |
| e) Personal Funds _____ | Amount: \$ _____ |

Total funding for the initial visit period: Amount: \$ _____

Written verification (in English, and amounts in U.S. dollars) is required for financial support not provided by CSUSB (e.g., official letter from Visitor's Sponsor; bank statement for personal funds).

D. FAMILY INFORMATION

Please complete this section for family members who will travel with the scholar to the U.S. or who will arrive at a later date. Immediate family members only (spouse and unmarried children under age 21) are eligible for J-2 dependent status.

1. Will the scholar's family travel with him or her to the U.S.? Yes____ No____
2. If the family will arrive separately, when are they to arrive? _____

<u>Name of Family Member</u>	<u>Relationship</u>	<u>Date of Birth</u>	<u>City of Birth</u>	<u>Country of Birth</u>
(Family name, given name, middle name)				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

3. Attach a copy of proof of relationships and passports if applicable.

E. U.S. VISA HISTORY

1. Is the scholar currently in the U.S.? Yes____ No____
If yes, please indicate current immigration status_____ and check one:
____S/he will be leaving the U.S. and returning before s/he begins the appointment at CSUSB.
____S/he will be requesting a transfer of his or her current J-1 status.
____S/he will be requesting a change of immigration status from _____ status to J-1 status.
2. During the past twelve months, has the scholar been in the U.S. in any visa classification other than tourist?
Yes____ No____ If yes, visa status_____ Dates_____

3. Please attach photocopies of passport and all current and/or previous visa documents including Form front and back of the I-94s, IAP-66s, I-20s, EAD cards, I-40, I148, DS2019s and/or H-1B approvals.

Please Sign:

Visiting Scholar

Signature

Date

F. HEALTH INSURANCE COMPLIANCE FORM

To be signed by the prospective j-1 exchange visitor

I understand that the U.S. Information Agency requires all J-1 Exchange Visitors and their accompanying dependents to have health and accident insurance at the following minimum level of coverage:

- medical benefits of at least \$50,000 per accident or illness
- repatriation of remains in the amount of \$7,500
- expenses associated with medical evacuation in the amount of \$10,000
- deductible not to exceed \$500 per accident/illness

I understand that I am responsible for the purchase of health insurance that meets these requirements.

I understand the cost of this insurance.

Individuals upon arrival in the US may purchase health insurance which meets the minimum requirements. Further information is available from CSUSB's Office of International Services upon request.

If health insurance coverage is purchased from another source, the insurance corporation underwriting the policy must have one of the following ratings:

- an A.M. Best rating of "A-" or above
- an Insurance Solvency International, Ltd., (ISI) rating of "A-i" or above
- a Standard & Poor's Claimspaying Ability rating of "A-" or above
- a Weiss Research, Inc. rating of "B+" or above
- Insurance coverage backed by the full faith and credit of your home government meets these requirements.

I understand that U.S. government regulations require the University to notify the U.S. Information Agency and to terminate my J-1 exchange visitor status if they determine that my family members or I willfully fail to comply with the insurance requirements.

I understand the health insurance requirements, the costs involved, and the need to maintain the insurance throughout my stay at the California State University, San Bernardino.

Name(Print): _____
Family Name Given Name Middle Name

Signature: _____ Date: _____