

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 \$1,000 per month for the scholar, \$300 per month for a spouse and \$200 per month for each child. This does not include housing, 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
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Signature: _____ Date: _____

G. HOST DEPARTMENT AGREEMENT

1. The scholar and accompanying dependents have adequate financial support for the duration of the scholar's program which is commensurate with the proposed activity.
2. The host department has determined that the scholar has English language proficiency adequate for the proposed activity.
3. The host department has clarified expectations with the scholar regarding University support, benefits, length of program, and availability (as appropriate) of office/lab space, equipment, computer access, research facilities, and faculty collaboration.
4. The scholar is aware of health insurance requirements and understands who is responsible for payment of premiums.
5. If possible, the department or University will assist the scholar upon arrival with transportation and housing arrangements and will refer scholar to any check-in/orientation session that may be available on campus.
6. The signature from the provost is only necessary if it concerns inviting a professor for a teaching assignment.
7. **The scholar will engage only in activities consistent with the intended program and the department will notify the International Center of any changes in the program such as changes in financial support, loss of funding, or change in supporting department.**
8. **Please issue Invitation offer letter from sponsoring department (Chair/Dean) or from Academic Affairs addressed to the scholar, including: Starting and ending date; Amount and source of funding; Research/project description; Facilities available; Statement requiring health insurance coverage during stay at CSUSB.**

Please Sign:

Host/Supervising Faculty Member	Signature	E-mail address	Phone #	Date
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Department Chair	Signature	E-mail address	Phone #	Date
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Department	College or Division
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Dean	Signature	Date
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Provost	Signature	Date
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