

J-1 Application Department Checklist

J-1 Application Instructions: The list below is for items to be provided by the department and scholar. Once completed, please submit the application to the International Faculty and Scholar Office (ischolars@ucsd.edu or MC 0123). **Please allow at least 10 business days to process this request. RUSH requests will be expedited to 5 business days.**

- 1. [Online Visa Services Recharge](#)
\$ 250 J-1 Scholar Extension Application Fee
\$ 200 J-1 Rush Fee (this is in ADDITION to any other applicable J-1 fees)
- 2. **Form A** (completed by department)
 - 2a. Certification of English Language Proficiency (supplemental evidence if applicable)
- 3. **Form B** (completed by scholar)
- 4. **Form C** (completed by scholar)
- 5. **Form D** (if applicable, for scholars holding a foreign medical degree, completed by department)
 - 5a. [5-Point Statement Letter](#) (if applicable, Form D, section II)
- 6. **Copy of Passport** (biographical page, including dependents')
- 7. **Proof of Financial Funding** (e.g. scholarship letter, bank statement, etc., with specific currency amount, translated to English and [converted to US Dollars](#).) Include a letter of financial support if sponsored by another individual.
- 8. **Appointment Form approved (not pending)**
 - Visiting Graduate Student Appointment (approved by Graduate Division in VGSAS)
 - Visiting Scholar Appointment (approved in RSAS)
 - Postdoctoral Appointment (approved in RSAS)
 - Other Academic Appointments (Offer letter or appointment letter from Dean's Office)
 - Other Salaried Appointments and Non-Salaried Appointments
- 9. Copy of Immigration Documents if currently inside the U.S.
 - Most recent I-94 for J-1 and any J-2 family members
 - Renewed passport (if applicable)
 - Current immigration documents if requesting a transfer or applying for Change of Status

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 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 the UC San Diego campus.
- Inform IFSO 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.**

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

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

(201601)

DIRECTIONS: To be completed by the UC San Diego sponsoring department wishing to extend the DS-2019 for J-1 international scholars engaging in research or teaching duties. A DS-2019 will be issued within 10 business days and returned to the department. **Detailed instructions at <http://ifso.ucsd.edu/dept-facilitators/j1/index.html>**

SECTION 1: SCHOLAR INFORMATION

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

2. Period of Extension Requested: (Month/Day/Year) From:	To:	3. Future Extension? <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Payroll/Non-paid Title: (select from drop-down menu, do not leave blank)	5. Title Code: (Leave blank for non-paid titles/Affiliates)	
6. Area/Field of Research:	7. Percent Effort (FTE): (paid appointments only)	
8. Activity: <input type="checkbox"/> Lecture <input type="checkbox"/> Clinical Observation <input type="checkbox"/> Research	9. Is this a tenure-track position? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION 3: FINANCIAL SUPPORT INFORMATION

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

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 = \$ _____

11. Will health insurance be paid by the sponsoring department? <input type="checkbox"/> Yes <input type="checkbox"/> No Note that departments may pay for health insurance for "Visiting Scholar" appointments, per ORA policy. 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. For more information, visit: http://blink.ucsd.edu/travel/training-guidelines/visitors/scholars.html				
12. Site of Activity - Physical location of scholar's activity, include all relevant on- or off-campus sites:				
<input type="checkbox"/> Main Campus/ SOM/SIO 9500 Gilman Drive La Jolla, CA 92093	<input type="checkbox"/> UCSD Medical Ctr 200 W. Arbor Dr. San Diego, CA 92103	<input type="checkbox"/> Sanford Consortium 2880 Torrey Pines Scenic Dr. La Jolla, CA 92037	<input type="checkbox"/> VA Hospital 3350 La Jolla Village Dr. San Diego, CA 92161	<input type="checkbox"/> Moore's Cancer Ctr 3855 Health Sciences Dr. La Jolla, CA 92093
<input type="checkbox"/> Other (provide location name and address below):				