

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](#)
 \$ 475 J-1 Scholar Initial Application Fee
 \$ 200 J-1 Rush Fee (this is in ADDITION to any other applicable J-1 fees)
- 2. **Form A** (completed by department)
 - o 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)
 - o 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)**
 - o Visiting Graduate Student Appointment (approved by Graduate Division in VGSAS)
 - o Visiting Scholar Appointment (approved in RSAS)
 - o Postdoctoral Appointment (approved in RSAS)
 - o Other Academic Appointments (Offer letter or appointment letter from Dean's Office)
 - o 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 INITIAL APPLICATION FOR SCHOLARS
 BY SPONSORING DEPARTMENT

2016/01

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 **10 business days** and returned to the department for mailing to the scholar. Applications may be expedited for an additional **RUSH** processing fee. All information should be typed. **Detailed instructions at <http://ifso.ucsd.edu/dept-facilitators/j1/index.html>**

Request Type: New Transfer IN Change of Status **RUSH** (5 business days)

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: <small>*to match appointment form</small>	To:	3. Possible 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 or Affiliate requests)
7. Describe Area or Field of Research:		8. Percent Effort (FTE): (paid titles only)
9. Activity: (Select all that apply) <input type="checkbox"/> Lecture <input type="checkbox"/> Clinical Observation <input type="checkbox"/> Research	10. Is this a tenure track position? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION 3: FINANCIAL SUPPORT INFORMATION

11. 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):	\$		\$

12. Will health insurance be paid by the sponsoring department? Yes No

Note that departments may pay health insurance costs 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>

13. Site of Activity -Physical location of scholar's activity, include all relevant on- or off-campus sites:

Main Campus/
SOM/SIO
9500 Gilman Drive
La Jolla, CA 92093

UCSD Medical Ctr
200 W. Arbor Dr.
San Diego, CA 92103

Sanford Consortium
2880 Torrey Pines Scenic Dr.
La Jolla, CA 92037

VA Hospital
3350 La Jolla Village Dr.
San Diego, CA 92161

Moores Cancer Ctr
3855 Health Sciences Dr.
La Jolla, CA 92093

Other (provide location name and address below):

SECTION 4: CERTIFICATION OF ENGLISH LANGUAGE PROFICIENCY

The Department of State requires scholars to have "sufficient proficiency in the English language, as determined by an objective measurement of English language proficiency, successfully to participate in his or her program and to function on a day-to-day basis." [22 CFR 62.11(a)(2)]. Attach the supplemental documentation if requested below.

Check One:	Indicate how the Department has certified English proficiency for the prospective exchange visitor.	
<input type="checkbox"/>	<p>Certification by a recognized English language test</p>	<p>➤ A copy of the test score is provided in English</p> <ul style="list-style-type: none"> • IELTS overall band score of 6 or higher • TOEFL test score must be 500 (paper based), 173 (computer based) or 61 (internet based IBT). TOEIC and TOEFL ITP not accepted. • PETS score level 5 or higher
<input type="checkbox"/>	<p>Certification by an academic institution or English language school</p>	<p>➤ A copy of the letter is attached</p> <ul style="list-style-type: none"> • Verifies the exchange visitor possesses English language proficiency high enough to function daily within the UCSD position and within the local U.S. community. • Issued on letterhead in English within the past 6-months. • Includes signature from school official.
<input type="checkbox"/>	<p>Certification by sponsoring supervisor</p> <p>(if proficiency was determined by ongoing discussions over a period of time, please indicate below, the method, and the period of time the discussions happened; signature required in right column)</p>	<p>➤ Supervisor Name: _____</p> <p>➤ Date of Interview _____</p> <p>➤ Duration of Interview: _____ mins</p> <p>➤ The Interview Was Conducted:</p> <p><input type="checkbox"/> In person <input type="checkbox"/> By Videoconference <input type="checkbox"/> By Phone</p> <p>I declare under penalty of perjury that I have interviewed the prospective exchange visitor, and I have verified that the scholar's English language proficiency is sufficient to function daily within their UCSD position and within the local U.S. community.</p> <p>_____ Supervisor Signature</p> <p>_____ Date</p>