

## 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](mailto: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)
  - 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:			<b>Mail Code:</b>
Department Name:	Department Contact E-mail:		

## FORM A: J-1 APPLICATION FOR STUDENT INTERN SCHOLARS BY SPONSORING DEPARTMENT

(IC201412)

**DIRECTIONS:** To be completed by the UC San Diego sponsoring department for inviting undergraduate J-1 Student Interns. A DS-2019 will be issued within 10 business days and **returned to the department** for mailing to the Intern. All information should be typed. **Instructions available at:** <http://ifso.ucsd.edu/dept-facilitators/j1/j1-intern-instr.html>

### SECTION 1: INTERN NAME AND PROGRAM INFORMATION

<b>1. Passport Family/Last Name:</b>	<b>Passport Given/First Name(s):</b>	<b>Middle Name:</b>
<b>2. Internship Dates:</b> (Month/Day/Year) <b>From:</b>	<b>To:</b>	<b>3. Position Title:</b>

### SECTION 2: FINANCIAL SUPPORT INFORMATION

**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
<b>University of California, San Diego – SALARY</b> (includes government grants)	\$		\$
<b>University of California, San Diego - OTHER</b> (Specify below, i.e. reimbursement, per diem, etc.):	\$		\$
<b>U.S. Government Agency</b> (includes grants given directly to visitor for international exchange)	\$		\$
<b>Visitor's Home Government</b> (paid directly only)	\$		\$
<b>International Organization</b> (paid directly only, i.e. NATO, UN, WHO)	\$		\$
<b>Binational Commission</b> (paid directly only, i.e. Fulbright)	\$		\$
<b>Personal Funds</b> (attach copy of bank statement)	\$		\$
<b>Other</b> (specify below, i.e. home institute name):	\$		\$
<b>TOTAL FOR VISIT:</b>			\$

### SECTION 3: INSURANCE AND SITE OF ACTIVITY

<b>4. Will health insurance be paid by the sponsoring department?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Please notify or confirm with the Intern whether health insurance is provided by the department. The Intern must complete Form C: Health Insurance Memorandum of Understanding.				
<b>5. Site of Activity</b> - Physical location of Intern's activity, include all relevant on- or off-campus sites. Must match Form DS-7002:				
<input type="checkbox"/> Main Campus & SOM	<input type="checkbox"/> UCSD Hillcrest Medical Center	<input type="checkbox"/> SIO	<input type="checkbox"/> VA Hospital	<input type="checkbox"/> Moores Cancer Center
<input type="checkbox"/> <b>Other</b> (provide location name and address below):				

## SECTION 4: English Language Proficiency

<b>Check One:</b>	<b>Indicate how the Department has certified English proficiency for the prospective exchange visitor</b>
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**Certification by a recognized English language test**

➤ **A copy of the test score is provided**

- 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 not accepted.
- PETS score level 5 or higher

**Certification by an academic institution or English language school**

➤ **A copy of the letter is attached**

- 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.

**Certification by the Sponsoring supervisor (signature required in right column)**

➤ **Supervisor Name:** \_\_\_\_\_

➤ **Date of Interview:** \_\_\_\_\_

➤ **Duration of Interview:** \_\_\_\_\_ mins

➤ **The Interview Was Conducted:**

- In person   
 By Videoconference   
 By Phone

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.

\_\_\_\_\_  
Supervisor Signature

## SECTION 5: SPONSORING DEPARTMENT CERTIFICATION

**PLEASE READ CAREFULLY BEFORE YOU SIGN THIS FORM. A few important conditions are listed below, however, there are *several* additional J-1 Internship program requirements listed in our instructions at: <http://ifso.ucsd.edu/dept-facilitators/j1/j1-intern-instr.html>. Your signatures below indicate that you agree to *all* of the requirements, not just those listed on this page.**

- The Intern is an undergraduate student currently enrolled in an overseas institution (not in the U.S.)
- The maximum period of stay will not go beyond 12 months
- The Intern will not displace full-time or part-time U.S. employees
- The internship will be terminated if the Intern fails to participate in the proposed activities or engages in unauthorized employment
- The Intern will not displace full-time or part-time U.S. employees

Name	Signature	Phone Number	Date
Department Chair OR Chief HR Officer:			
Student Intern Supervisor:			
Department Contact:			<b>Mail Code:</b>
Department Name:	Department Contact E-mail:		

**PLEASE ALLOW IFSO 10 BUSINESS DAYS TO PROCESS THIS REQUEST**

Submit completed packet to UC San Diego International Faculty & Scholars Office [ischolars@ucsd.edu](mailto:ischolars@ucsd.edu) or (MC 0123)