

## FORM B: J-1 INITIAL APPLICATION BY PROSPECTIVE SCHOLAR

To be completed by the prospective UC San Diego J-1 scholar who will conduct research or teach at UC San Diego. Submit the completed form and attachments to the sponsoring department. Any forms submitted to IFSO will not be forwarded to the department. Please type or print clearly.

### SECTION 1: SCHOLAR INFORMATION

*Please ensure all applicable fields below are accurately complete.*

<b>1. Family/Last Name:</b>	<b>Given/First Name &amp; Middle Name:</b>
<b>2. Date of Birth:</b>	<b>3. Gender</b>
<b>4. City of Birth:</b>	<b>5. Country of Birth:</b>
<b>6. Country of Citizenship:</b>	<b>7. Country of Legal Permanent Residence:</b>
<b>8. Email Address:</b>	
<b>9a. Describe your current or last activity in your home country.</b> (If student, provide: level & name of institution. If employed, provide: job title & name of employer)	
<b>9b. Choose one:</b> <input type="checkbox"/> central government <input type="checkbox"/> regional government <input type="checkbox"/> local government <input type="checkbox"/> academic institution <input type="checkbox"/> private business	
<b>10. Highest Academic Degree Received:</b> (i.e. Bachelor's, Master's, PhD, etc.)	<b>Date Awarded:</b> (Month, Year)
<b>11. Do you have a Medical Degree?</b> (i.e. MD, D.O., MBBS, MBBCh) <input type="checkbox"/> No <input type="checkbox"/> Yes: _____	<b>Date Awarded:</b> (Month, Year)

### SECTION 2: DEPENDENT INFORMATION

*Please complete this section for family members who will enter the U.S. as your J-2 dependent only.*

Family Name, First Name	Email <small>*required for J-2 spouse</small>	Relationship <small>(i.e. husband, wife, son, or daughter)</small>	Date of Birth <small>(i.e. Jan. 1, 2000)</small>	City of Birth	Country of Birth	Country of Citizenship	Country of Permanent Residence

**12. Will your dependent travel together with you to the United States (U.S.)?**  
 Yes       No, they will arrive on: \_\_\_\_\_  
*(If NO, please provide the expected arrival date above.)*

**SECTION 3: U.S. VISA HISTORY**

*Please ensure all applicable fields below are accurately complete.*

**13. Has a labor certification (for U.S. permanent residence) ever been filed on your behalf and has it been approved?**

- No       Yes *(If YES, please attach receipt or approval notices.)*

**14. Has an immigrant (I-140) or alien relative (I-130) petition for permanent residence ever been filed on your behalf?**

- No       Yes *(If YES, please attach receipt or approval notices.)*

**15a. Are you currently inside the U.S.?**

- No       Yes, my current immigration status is: \_\_\_\_\_ *(If YES, please attach immigration documents.)*

**15b. If YES, please check all that apply:**

i.  I will leave the United States (U.S.) and return after obtaining a J-1 visa at a U.S. embassy or consulate.

- Destination: \_\_\_\_\_
- Travel Dates: \_\_\_\_\_

ii.  I am requesting a Change of Status (I-539) with United States Citizenship and Immigration Services inside the U.S.

- **You must contact IFSO to set an appointment with an advisor to review the I-539 application.**

iii.  I am currently in J-1 status, in the U.S., and requesting a transfer to UC San Diego effective: \_\_\_\_\_ (Date)

- **I agree to not travel internationally and to not work during the transfer process.**

Name of International Office Advisor (at your current institution):	
E-Mail:	
Phone Number:	

**16. During the last two years, have you been issued any J-1 and/or J-2 status?**

- No       Yes *(If YES, please complete the following section.)*

Visa Classification (DS-2019 #4) (i.e. J-1 Research Scholar, Short-Term, Student, etc.)	Begin and End Dates in USA (e.g. Jan. 1, 2007- Dec. 31, 2007)	Purpose of Stay (i.e. research, student, dependent, etc.)	Name of J Visa Sponsoring U.S. Institution or Agency

**17. Were you subject to the two-year home-country residence requirement (212e)?**

- No       Yes

**18. If YES, have you applied for a 212(e) waiver?**

- No       Yes  
*(Please attach Recommendation Letter or Approval Notice from USCIS if approved.)*

**SECTION 4: SCHOLAR CERTIFICATION**

*Please read carefully before you sign this form.*

By signing below, I hereby certify that all information provided is true and accurate. I understand that a false statement may disqualify my eligibility to participate in my Exchange Visitor program.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_