

Please include copies of the following as they apply to your situation:

- EAD Card (F-1 OPT, J-2, E-2, or pending PR)
- DS-2019 [J-1 status]
- If your J-1 is **not** sponsored by UCI, an employment authorization from your sponsoring agency is needed.
- J-1 Scholar Online Orientation Receipt [J-1 status]
- Copy of I-94 card

VISA STATUS/ IMMIGRATION DOCUMENT INFORMATION				
<input type="checkbox"/> F-1 [UCI I-20/OPT]	<input type="checkbox"/> J-1 [UCI DS-2019]	<input type="checkbox"/> H-1B	<input type="checkbox"/> EAD [TEMPORARY EMPLOYMENT AUTHORIZATION, J-2, E-2, L-2, or PENDING P.R.]	<input type="checkbox"/> OTHER: _____
<input type="checkbox"/> F-1 (not on UCI- I-20)	<input type="checkbox"/> J-1 [not on UCI DS-2019]	<input type="checkbox"/> TN		

BIOGRAPHICAL INFORMATION
LAST NAME [AS IT APPEARS ON PASSPORT]:
FIRST NAME [AS IT APPEARS ON PASSPORT]:
DATE OF BIRTH [MM/DD/YYYY]:
SEVIS ID NUMBER (for J-1 ONLY): N
DO YOU HAVE ANY DEPENDENTS WITH YOU IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, provide copy of I-94 card
YOUR JOB TITLE WHILE AT UCI:
How are you meeting the J minimum health insurance requirements: <input type="checkbox"/> I hold a Post-Doctoral Position title [full coverage under UC Benefits] <input type="checkbox"/> I am a paid employee with UC Coverage (Repatriation & Medical Evacuation insurance must be purchased separately). <input type="checkbox"/> I enrolled in Garnett-Powers program [attach evidence of enrollment] <input type="checkbox"/> I applied for waiver from Garnett-Powers program [attach evidence of waiver approval]
NAME OF HIRING UCI DEPARTMENT:

YOUR CONTACT INFORMATION			
LOCAL US ADDRESS:	STREET ADDRESS:		
	CITY:	STATE:	ZIP CODE:
PHONE:	CELL:	HOME:	CAMPUS:
UCI EMAIL ADDRESS:		OTHER EMAIL:	

EMERGENCY CONTACT INFORMATION	
NAME:	EMAIL ADDRESS:
PHONE NUMBER:	RELATIONSHIP TO YOU:

I VERIFY ALL THE INFORMATION PROVIDED ON THIS FORM IS TRUE TO THE BEST OF MY KNOWLEDGE.	
SIGNATURE OF SCHOLAR:	DATE [MM/DD/YYYY]: