To be completed by UCI Sponsoring Department and request for issuance of J-1 DS-2019 (Visa Document)Forms must be submitted to the IC 60-90 days prior to the scholar's proposed start date

SECTION 1: UCI SPONSORING DEPARTMENT & CONTACT INFO				
DEPARTMENT NAME:	DEPARTMENT ADMINISTRATOR'S NAME:			
E-MAIL ADDRESS:	PHONE NUMBER:	ZOT CODE:		
STREET ADDRESS:	I	1		
CITY:	STATE:	POSTAL CODE:		
NAME AND TITLE OF HOST FACULTY MEMBER:				
SECTION 2: SCHOLAR'S INFORMATION				
LAST/FAMILY NAME:	FIRST NAME:			
	THO IN WILL			
DATE OF BIRTH [MM/DD/YYYY]:				
POSITION TITLE IN HOME COUNTRY:	☐ PROFESSOR/TEACHER ☐ RESEARCHER ☐ GRADUATE STUDENT☐ UNDERGRADUATE STUDENT ☐ PHYSICIAN☐ OTHER:			
DEGREES AWARDED (MARK ALL THAT APPLY):	☐ BACHELORS ☐ MASTERS ☐ DOCTORATE ☐ M.D. (INCLUDE J-1 PHYSICIAN'S FORM)			
WILL THE J-1 HAVE J-2 DEPENDENTS WHILE IN THE U.S.?: ☐ YES, SCHOLAR NEEDS TO COMPLETE DEPENDENT REQUEST		,		
TES, SCHOOL WILLESS TO COMPLETE DEFENDENT REQUEST				
SECTION 3: UCI PROGRAM INFORMATION				
SELECT THE J-1 CATEGORY THAT BEST FITS THE TYPE OF ROLE	THE SCHOLAR WILL HAVE AT LICE			
PROFESSOR PRIMARILY TEACHING, LECTURING AND MAY CONDUCT RESEARCH. MINIMUM 3 WEEK STAY IN THE U.S., MAXIMUM 5 YEAR STAY IN THE U.S., SUBJECT TO 24 MONTH BAR*				
☐ RESEARCH SCHOLAR PRIMARILY CONDUCTING RESEARCH AND MAY ALSO LECTURE. MINIMUM 3 WEEK STAY IN THE U.S., MAXIMUM 5 YEAR STAY IN THE U.S., SUBJECT TO THE 24 MONTH BAR*				
DISHORT TERM SCHOLAR PERSON WITH SIMILAR EDUCATION TO PROFESSOR/RESEARCH SCHOLAR COMING FOR SHORT-TERM VISIT PRIMARILY FOR RESEARCH, LECTURING, OBSERVING, TRAINING OR DEMONSTRATING SPECIAL SKILLS. NO MINIMUM STAY, BUT A MAXIMUM STAY OF 6 MONTHS IN THE U.S. NOT POSSIBLE TO EXTEND OR CHANGE STATUS, NOT SUBJECT TO 24 MONTH BAR*				
AN INDIVIDUAL IN A FULL-COURSE STUDY INCLUDING CLASSROOM AND/OR RESEARCH, AS PART OF AN INTERNATIONAL AGREEMENT (AGREEMENT MUST BE ATTACHED TO REQUEST) OR WITH AN ACADEMIC APPOINTMENT. THIS CATEGORY REQUIRES THE UNDERGDUATE STUDENT BE ENROLLED AND PURSUING AN UNDERGRAUATE PROGRAM AT AN ACCREDITED POST-SECONDARY ACADEMIC INSTITUTION OUTSIDE THE U.S. FUNDING IS AT MINIMUM 51% NON-PERSONAL FUNDS (I.E. HOME INSTITUTION, SCHOLARSHIP, FELLOWSHIP, ETC.)				
*THE 24 MONTH BAR AND TWO YEAR HOME RESIDENCY REQUIREMENT ARE TWO SEPARATE RULES. FOR MORE INFORMATION ON THESE REGULATIONS, PLEASE VISIT THE <u>INTERNATIONAL CENTER WEBSITE</u> .				
UCI International Center ◆ Irvine, CA 92697-5255 ◆ P: 949.824.	7249 ◆ F: 949.824.3090 ◆ internationalscholar@	uci.edu • www.ic.uci.edu		

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SECTION 3 CONTINUED: UCI PROGRAM INFO	SECTION 3 CONTINUED: UCI PROGRAM INFORMATION				
ACADEMIC APPOINTMENT TITLE:					
APPOINTMENT START DATE (MM/DD/YYYY):			APPOINTMENT EN	ND DATE (MM/DD/YYYY):	
	<u> </u>				
AREA OF RESEARCH (I.E. BIOLOGY, PSYCHOLO	ΙGΥ,				
ENGINEERING, ETC.):					
BRIEF DESCRIPTION OF PROPOSED ACTIVITY:					
COMPLETE PRIMARY UCI SITE OF ACTIVITY A	DDRESS:				
STREET ADDRESS:					
CITY:		STATE:		POSTAL CODE:	
ADDITIONAL SITE OF ACTIVITY NAME					
(IF APPLICABLE, REMOTE SITE OF ACTIVITY NAME)					
ADDITIONAL SITE OF ACTIVITY ADDRESS					
(IF APPLICABLE, REMOTE SITE OF ACTIVITY ADDRESS)					
SECTION 4: MINIMUM FINANCIAL REQUIREMENTS					
FOR	PER MONTH			PER YEAR	
J-1 SCHOLAR	\$2,400			\$28,800	
ADDITIONAL FUNDS ARE REQUIRED IF SCHOLAR IS INVITING J-2 DEPENDENTS:					

J-1 SCHOLAR \$2,400 \$28,800

ADDITIONAL FUNDS ARE REQUIRED IF SCHOLAR IS INVITING J-2 DEPENDENTS:

1 DEPENDENT \$600 \$7,200
2 DEPENDENTS \$1,200 \$14,400
3 DEPENDENTS \$1,800 \$21,600

MINIMUM CONSIDERS COST OF BASIC ACCOMODATIONS, UTILITIES, FOOD, TRANSPORTATION AND HEALTH INSURANCE. PLANNING

MINIMUM CONSIDERS COST OF BASIC ACCOMODATIONS, UTILITIES, FOOD, TRANSPORTATION AND HEALTH INSURANCE. PLANNING FOR MORE IS STRONGLY RECOMMENDED. J-1 NON-DEGREE STUDENT MUST DEMONSTRATE AT LEAST 51% NON-PERSONAL FUNDS (I.E. HOME INSTITUTION, SCHOLARSHIP, FELLOWSHIP, ETC.)

NON-UCI FUNDING: IF SCHOLAR IS RECEIVING NON-UCI FUNDING FOR THEIR J-1 PROGRAM, PLEASE NOTE FINANCIAL DOCUMENTS MUST BE IN U.S. DOLLARS OR INCLUDE CURRENCY CONVERSION, ALL DOCUMENTS MUST BE IN ENGLISH. J-2 DEPENDENT CANNOT PROVIDE FINANICAL SUPPORT FOR J-1 SCHOLAR. IF DEPENDENT(S) WILL ACCOMPANY THE SCHOLAR DURING THEIR UCI APPOINTMENT, DEPENDENT REQUEST FORM MUST BE COMPLETED.

<u>UCI FUNDING</u>: IF SCHOLAR IS RECEIVING UCI FUNDING FOR THEIR J-1 PROGRAM, PLEASE CONFIRM THE AMOUNT OF FUNDING PROVIDED BY UCI SPONSORING DEPARTMENT.

FUNDING SOURCE	1ST YEAR	2ND YEAR (IF APPLICABLE)	3RD YEAR (IF APPLICABLE)	4TH YEAR (IF APPLICABLE)	5TH YEAR (IF APPLICABLE)	TOTAL IN USD
UCI SPONSORED						\$
ALL OTHER UNIVERSITIES OR ORGANIZATIONS						\$
PERSONAL FUNDS						\$
TOTAL IN USD	\$	\$	\$	\$	\$	\$

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DEAN'S OFFICE SIGNATURE:

(IF APPLICABLE)

	5: HEALTH INSURANCE INFORMATION				
INDICATE HOW SCHOLAR WILL MEET J VISA HEALTH INSURANCE REQUIREMENTS (SELECT ONE ONLY). SCHOLAR MUST DEMONSTRATE PROOF OF HEALTH INSURANCE COVERAGE AT THE TIME OF ARRIVAL TO UCI.					
	SCHOLAR IS A PAID EMPLOYEE WITH PURCHASED SEPARATELY. VISIT THE SCHOLAR WILL ENROLL IN GALLAGHE	AL POSITION TITLE (FULL COVERAGE UNDER UC COVERAGE (REPATRIATION & MEDICAL INTERNATIONAL CENTER WEBSITE FOR MOIER BENEFIT SERVICES PROGRAM OR SCHOLA GRAM (VISIT GALLAGHER BENEFIT SERVICES	EVACUATION INSURANCE MUST BE RE INFORMATION) R WILL APPLY FOR WAIVER FROM		
SECTION	I 6: SPONSORING DEPARTMENT CER	TIFICATION			
 The scholar and accompanying dependents (if applicable) have adequate financial support for the duration of the scholar's program, which, if offered UCI salary, is consistent with proposed activity. The proposed activity is suitable to the scholar's background, needs, and experience. The scholar has English language proficiency adequate for the proposed activity, as certified by the English Language Proficiency Certification Form. The department has clarified expectations with the scholar regarding university support, benefits, length of program, and the availability of the office/lab space, equipment, computer access, clerical support, and faculty collaboration. Scholar will engage only in activities consistent with the intended program and department will notify the International Center of any changes in financial support, loss of funding, or change in the supporting department. Notify the International Center should there be a change in the scholar's plans to come to UCI including when scholar is no longer engaged in the proposed activity. Notify the International Center if the scholar plans to leave UCI for more than 30 days while continuing the J-1 program. Notify the International Center when the scholar leaves UCI or is terminated for any reason. The scholar is aware of the health insurance requirements and has a clear understanding of who will be responsible for paying insurance premiums. 					
SIGNATURE(S) MUST BE PROVIDED ON FORM BEFORE THE INTERNATIONAL CENTER CAN ISSUE A DS-2019 VISA DOCUMENT FOR THE SCHOLAR					
DEPART	MENT CHAIR SIGNATURE:	NAME AND TITLE (PRINTED):	DATE:		

NAME AND TITLE (PRINTED):

DATE:

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