



**Preliminary Data Sheet for International Scholars**  
 (to be completed by scholar)

Submit this form to your hosting UCI department along with copies of the biographical information passport pages for yourself and your dependents. Please type or print clearly.

Issuance of a visa may take weeks or months. If you are already in the US, you should be aware that application for a transfer of visa sponsorship or change of visa status may take several months to be processed by the US Citizenship and Immigration Service. It may not be possible to receive a UCI or UCI Medical Center salary until the application is approved.

*PERSONAL DATA*

**Last/Family Name:** \_\_\_\_\_ **First/Given Names:** \_\_\_\_\_

**Date of Birth (Month/Day/Year):** \_\_\_\_\_  Male  Female

**City of Birth:** \_\_\_\_\_ **Country of Birth:** \_\_\_\_\_

**Country of Citizenship:** \_\_\_\_\_ **Country of Legal Permanent Residence:** \_\_\_\_\_

**Position Last Held in Home Country:**  Professor/Teacher  Graduate Student  Researcher  Physician  
 Other (please specify): \_\_\_\_\_

**Position Title in Home Country:** \_\_\_\_\_

**Name of Employer in Home Country:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

*INFORMATION ABOUT THE APPOINTMENT*

**Name of UCI Faculty Sponsor Corresponding With You:** \_\_\_\_\_

**UCI Department:** \_\_\_\_\_

**Date of Previous UCI Affiliation (if any):** \_\_\_\_\_

*FINANCIAL SUPPORT INFORMATION*

Complete this section if financial support is **NOT** provided by UCI. Minimum support is \$1,600 per month for J-1 Exchange Visitor; \$500 for J-2 spouse; \$300 for J-2 child. Written verification in **US dollars** is required for financial support not provided by UCI.

**Exchange Visitor's Government:** \_\_\_\_\_ **Amount: \$** \_\_\_\_\_

**Other (must specify):** \_\_\_\_\_ **Amount: \$** \_\_\_\_\_

**Personal Funds:** \_\_\_\_\_ **Amount: \$** \_\_\_\_\_

DEPENDENT INFORMATION (Include family members who will travel to the U.S. with you)

Dependent's Relationship:  Spouse  Child

Last/Family Name: \_\_\_\_\_ First/Given Names: \_\_\_\_\_

Date of Birth (Month/Day/Year): \_\_\_\_\_  Male  Female

City of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Country of Legal Permanent Residence: \_\_\_\_\_

Dependent's Relationship:  Spouse  Child

Last/Family Name: \_\_\_\_\_ First/Given Names: \_\_\_\_\_

Date of Birth (Month/Day/Year): \_\_\_\_\_  Male  Female

City of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Country of Legal Permanent Residence: \_\_\_\_\_

Dependent's Relationship:  Spouse  Child

Last/Family Name: \_\_\_\_\_ First/Given Names: \_\_\_\_\_

Date of Birth (Month/Day/Year): \_\_\_\_\_  Male  Female

City of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Country of Legal Permanent Residence: \_\_\_\_\_

US VISA HISTORY

✓ Are you currently in the US?  Yes\*  No

\*If yes, indicate your current visa status: \_\_\_\_\_ and check one of the following:

- I will be leaving the US and returning before I begin my appointment
- I am requesting a transfer or extension of my current J-1 status
- I am requesting a change of visa status to be filed in the US

✓ During your last 24 months, have you been in the US in any visa status other than tourist?  Yes\*  No

\*If yes, please complete this section. Begin with your most recent visa status and work backwards chronologically.

Visa Status	Start and End Dates of Status	Location and Purpose of Stay

**Insurance Requirements:** US government regulations require that anyone in J-1 status (or with dependent status) purchase adequate health insurance as defined by the Department of State. You will receive more information about this requirement from the UCI International Center.

Please be advised that all Exchange Visitors and their dependents will be permitted to enter the US no more than 30 days before the report/start date of their program. All Exchange Visitors must report to the UCI department contact on the program start date indicated on Form DS-2019. After issuing the DS-2019, UCI must be notified of changes in plans by emailing Sheila Cech at [scech@uci.edu](mailto:scech@uci.edu).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_