



**Request for Issuance of J-1 Visa Documents**  
 (to be completed by UCI department)

To be completed by UCI or UCIMC department for a prospective appointment or employee who is not a US Citizen or US Permanent Resident.

**Please make the applicable selection:**

- Request for initial Exchange Visitor visa (attach a copy of the passport biographical page only)  
 J-1 program transfer

*INFORMATION ABOUT THE INTERNATIONAL SCHOLAR*

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

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

**Academic Degrees Awarded:** \_\_\_\_\_

If Medical Doctor (MD), "Attachment for J-1 Physicians" must be completed

*INFORMATION ABOUT THE APPOINTMENT – Allow 90 days from request date*

**Dates of Appointment:** start \_\_\_\_\_ end\*\* \_\_\_\_\_ **Percent of Appointment:** \_\_\_\_\_

\*\*  Short-Term Scholar – appointment will be for 6 months or less – NO extension beyond 6 months

**UCI Payroll Position/Title:** \_\_\_\_\_

**Specific Subject to be Engaged In (i.e., Psychology, Biomedical Engineering):** \_\_\_\_\_

**Brief Non-Technical Description of Proposed Activity:** \_\_\_\_\_

**Name and Title of Host Faculty Member:** \_\_\_\_\_

**Site of Activity (complete address):** \_\_\_\_\_

*FINANCIAL SUPPORT INFORMATION*

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. Amount must show **TOTAL** provided for dates of appointment.

**University of California, Irvine:** \_\_\_\_\_ **Total Amount: \$** \_\_\_\_\_

**US Government Agency:** \_\_\_\_\_ **Total Amount: \$** \_\_\_\_\_

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

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

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

MAILING INFORMATION

The International Center requires that all documents be sent by Federal Express.

Department Recharge Account for FedEx Shipment: \_\_\_\_\_

Authorizing Signature: \_\_\_\_\_

Address to which DS-2019 should be sent: \_\_\_\_\_

city province postal code country

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

DEPARTMENT APPROVAL

Approval signature confirms agreement with following points:

- 1. The scholar and accompanying dependents have adequate financial support for the duration of the scholar's program, which if UCI salary, is commensurate with the proposed activity.
2. The department has determined that the scholar has English language proficiency adequate for the proposed activity.
3. The department has clarified expectations with the scholar regarding University support, benefits, length of program, and the availability of office/lab space, equipment, computer access, clerical support, and faculty collaboration.
4. Scholar will engage only in activities consistent with the intended program and department will notify the International Center of any changes in the program such as changes in financial support, loss of funding, or change in the supporting department.
5. The department is aware that the J-1 scholar will be permitted to enter the US no more than 30 days prior to the start date indicated on Form DS-2019
6. The department will initiate the employment process by completing the department portion of the UCI Non-immigrant Employee Verification Form (NEV) on the first day of employment.
7. When determining date of appointment, the department should consider the length of time it will take an individual to obtain a visa. Please note that the International Center can only amend program dates on the DS-2019 only in exceptional circumstances. The department will notify the International Center if the scholar changes plans to come to UCI.
8. The department will notify the International Center when the scholar plans to leave the US for more than 30 days while continuing J-1 program.
9. The department will notify the International Center when the scholar leaves UCI or is terminated for any reason.

The request form must be completed and signed before the International Center can issue a DS-2019.

Department Chair Signature Name and Title Date

Dean's Office Signature (if required) Name and Title Date

Department Administrative Contact: \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Department Name: \_\_\_\_\_ Zot Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Attach copy of AP-21 or AP-390A with department chair's signature to verify academic appointment is in progress.

Please attach photocopies of the scholar's (and scholar's dependents) passport biographical page. Also, if applicable, please attach photocopies of I-94s, IAP-66s or DS-2019s, I-20s, EAD cards, and/or H1-B renewals.

Requests are completed in order received. Please allow 15 business days for processing. For dependent DS-2019 requests, please complete the appropriate section in Form A.

## Form B Attachment – J-1 Physicians

This certification must be attached to the completed *Request for Issuance of J-1 Visa Documents* for individuals with a medical degree. Please provide the requested information and mark the appropriate box. Certification must be signed by Department Chair.

**Physician's Name as it appears in passport:**

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

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

If the alien physician is coming to the US to pursue a program involved with observation, consultation, teaching, or research, but which also involves incidental patient contact, the Department Chair must certify the following points:

1. The program in which the physician will participate in predominantly involved with observation, consultation, teaching, or research.
2. Any incidental patient contact involving the alien physician will be under direct supervision of a physician who is a US citizen or resident alien licensed to practice in the state of California.
3. The alien physician will not be given final responsibility for the diagnosis and treatment of patients.
4. The alien physician will comply full with state licensing requirements and regulations for medical and health care professionals in the state in which the alien is pursuing the program.
5. Any experience gained in this program will not be credible toward any clinical requirements for medical specialty.

If the alien physician is coming to the US to pursue a program that does not involve patient contact, the applicant's sponsor must certify that *the program in which the alien physician is engaged is solely for the purpose of observation, consultation, teaching, or research, and that no element of patient care services is involved.*

**Certified By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name and Title:** \_\_\_\_\_



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# RECHARGE FORM FOR SCHOLAR SERVICES

\*This form must be attached to all DS-2019 Request Forms and H-1B Application submitted on or after July 1, 2009\*

Date (MM/DD/YYYY): \_\_\_\_\_

Scholar Name (Last, First): \_\_\_\_\_

**Service Requested:**

J-1 - \$50.00

H-1B - \$500.00

Department Recharge Number:			
_ _ _ _ _ /	_ _ _ _ _ /	_ _ /	_ _ _ _ _
Account	Fund	Sub	Project Code

**SIGNATURE AUTHORIZATION:** I authorize the departmental recharge:

Authorized Signature	Print Name and Title	Date
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Department Name: \_\_\_\_\_

Department Administrative Contact Name: \_\_\_\_\_ ext. \_\_\_\_\_

Department Business or Financial Manager Name: \_\_\_\_\_ ext. \_\_\_\_\_