FOREIGN SCHOLAR REGISTRATION SHEET

Center for International Education

Complete in full. Please print. Return to Center for International Education, BH-201, *within 10 days after arrival.* Also provide:

- ❖ Copy of insurance card/proof of insurance for yourself and all accompanying family;
- ❖ Copy of DS-2019 as approved by the Immigration Service at US port of entry;
- ❖ Copy/ies of all I-94 cards issued to you and family members;
- ❖ Copy of visa information pages from your passport.

I. Name _____ _____ _____
(Last) (First) (Middle)

Married?: ____ no (go to II) ____ yes (give spouse's name) _____
____ spouse at CSULB ____ spouse not at CSULB

Children? If yes, give names and ages below:

_____

II. Local home address while at CSULB (include zip code): _____

_____ Phone _____

Business/campus address while at CSULB (Department, Bldg, Room & Mail Code):

_____

Phone/Fax/E-mail: _____/ _____/ _____

III. Date of arrival in the CSULB area? _____

How long do you expect to be at CSULB? _____

_____ I am interested in learning about opportunities to give a presentation at a local school or community group (please check if you have such an interest).

IV. Overseas business address: _____

_____

Phone number (include Country and city code) _____ E-mail _____

V. Name of health insurance company* _____

Signature _____ Date _____

In signing, the visitor acknowledges insurance requirements of the United States Department of State (DOS), agrees to abide by them at all times while under the sponsorship of CSULB, and understands that a failure to abide can result in termination of sponsorship. Proof of insurance must be shown when a request for extension, transfer, signature or other benefit is made to the CIE.

Please inform us if any of the above information changes during your stay at CSULB.

* Visitors who claim insurance through a national health plan or a policy provided by their embassy/consulate must provide written evidence that the coverage meets DOS minimum criteria. (See insurance handout).