Center for International Education California

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FOREIGN FACULTY/RESEARCHER APPLICATION (To be completed by the Academic Department)

TODAY'S DATE:		
PERSONAL INFORMATION		
FAMILY/LAST NAME:		
FIRST NAME:		
DATE OF BIRTH:		
COUNTRY OF BIRTH		
COUNTRY OF CITIZENSHIP:		
COUNTRY OF LEGAL RESIDENCE:		
HOME COUNTRY STREET ADDRESS #1		
STREET ADDRESS #2		
PROVINCE/TERRITORY:		
CITY:		
STATE:		
POSTAL CODE:		
SEX	MALE	FEMALE
OCCUPATION IN HOME		

COUNTRY:

PROGRAM INFORMATION

PURPOSE OF REQUEST

New J-1 Exchange Visitor from Abroad

Current J-1 Exchange Visitor transferring from another U.S. institution (Please attach a copy of

most current DS-2019 form)

PROPOSED CATEGORY

Research Scholar Professor Short Term Scholar Specialist

PROGRAM START DATE

PROGRAM END DATE

Please provide a description of the Exchange Visitor's proposed activities and how they will be in collaboration with the academic department's own program plan.

HAS THE APPLICANT PREVIOUSLY BEEN IN J-1 STATUS INTHE U.S.?

Yes No

If so, list name of previous institution.

Previous Program Start Date

Previous Program End Date

SOURCE OF FUNDING

Required funds: \$2,000 per month for Exchange Visitor and \$1,200 per month for each dependent.

CSULB

CSULB Foundation U.S. Government

International Organization

Exchange Visitor's Government

Binational Commission of Exchange Visitor's

Country

Personal Funds

Other

DEPENDENT(S) ACCOMPANYING THE VISITOR (For additional dependents please attach a separate sheet.) FAMILY/LAST NAME

College Dean: _____

FAMILY/LAST NAME FIRST NAME DATE OF BIRTH CITY OF BIRTH MALE **FEMALE** SEX COUNTRY OF CITIZENSHIP COUNTRY OF PERMANENT RESIDENCY **RELATIONSHIP TO VISITOR** ALL OF THE FOLLOWING Source(s) of Funding Reference Letters **DOCUMENTATION HAS BEEN** English Proficiency Foreign Degree(s) ATTACHED TO THIS **Passport Copies** Curriculum Vitae **APPLICATION** Academic Goals ACADEMIC DEPARTMENT INFORMATION ACADEMIC DEPARTMENT NAME OF MENTOR MENTOR'S E-mail MENTOR'S Campus Extension APPROVALS FROM ACADEMIC DEPARTMENT _____ Date _____ Department Faculty Mentor: _____ (Signature) _____ Date _____ Department Chair: _____ (Signature)

(Signature)

_____ Date _____