

Information Sheet Exchange Visitor Permit (J-1 Visa)

Family Name:	Given Name:	Middle Name:
Mailing Address:		Email address:
Date of Birth <i>(Month/Day/Year)</i> <input type="radio"/> Male <input type="radio"/> Female	Country of Birth:	City of Birth:
Citizen of:	Legal permanent resident of:	
Position in that country prior to coming to US:	CSUF Fresno sponsoring Department: <i>(Include Mailing Address)</i>	
Have you previously held a J-1 visa? <input type="radio"/> yes <input type="radio"/> no If yes Dates: ___/___/___ to ___/___/___	If yes, School where The visa was issued:	
CSUF Arrival Date <i>(Month/Date/Year):</i>	CSUF Departure Date <i>(Month/Date/Year):</i>	
Person hosting exchange visitor must provide cultural orientation to the US, transportation, arrange housing, etc. Name: _____ ext: _____	Rate English language Competence: 10 ----- 5 ----- 1 Excellent Good Poor Basis for assessment:	
Health insurance provided by: <input type="radio"/> On Campus <input type="radio"/> Other	If other health insurance Please indicate policy name:	

This Visitor is:

- Student. Will enroll in: regular courses or extension courses, units: _____
- Professor. Meets requirements as a faculty member that the institution would hire, primarily involved in teaching or lecturing.
- Research Scholar. Meets requirements as a faculty member that the institution would hire, involved primarily in conducting research.
- Specialist. Expert in a field of specialized knowledge or skill to engage in observation, consultation or demonstration of special skill, limited to less than one year, may be non-academic.
- Short-term Scholar. Professor, research scholar or specialist or a person with similar education or accomplishments coming to the U.S. for a short-term visit – a few days to less than four months.

Specific field of the Exchange visitor: _____

Describe the expected activities for the exchange visitor: _____

Privileges provided to the exchange visitor: (check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Library | <input type="checkbox"/> Office | <input type="checkbox"/> Approval to work, receive payment |
| <input type="checkbox"/> Adjunct faculty status | <input type="checkbox"/> Telephone | <input type="checkbox"/> Audit or sit-in on classes |
| <input type="checkbox"/> Computer use | <input type="checkbox"/> Parking | <input type="checkbox"/> Other, please detail: _____ |
| <input type="checkbox"/> Email account | <input type="checkbox"/> Up front monies | _____ |

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Financial Support:

- California State University, Fresno. \$ _____
 Students: Provide tuition waiver, scholarship or assistance verification
- U.S. government agency. Agency: _____ \$ _____
- International Organization. Name: _____ \$ _____
- Exchange visitor's government (attach proof and amount of support) \$ _____
- Bi-national Commission. List: _____ \$ _____
- Other organizations. List: _____ \$ _____
- Personal Funds \$ _____

Family members accompanying the exchange visitor:

<i>Spouse</i>	Family Name	Given Name	Relationship: ○ Male ○ Female
	Date of Birth (Month/Date/Year):	Country Of Birth	City of birth
	Citizen of:		Legal permanent resident of:
<i>Dependent</i>	Family Name	Given Name	Relationship: ○ Male ○ Female
	Date of Birth (Month/Date/Year):	Country Of Birth	City of birth
	Citizen of:		Legal permanent resident of:
<i>Dependent</i>	Family Name	Given Name	Relationship: ○ Male ○ Female
	Date of Birth (Month/Date/Year):	Country Of Birth	City of birth
	Citizen of:		Legal permanent resident of:
<i>Dependent</i>	Family Name	Given Name	Relationship: ○ Male ○ Female
	Date of Birth (Month/Date/Year):	Country Of Birth	City of birth
	Citizen of:		Legal permanent resident of:

Approvals:

<i>Mentor /Host</i>	Print Name:	Department:	
	Signature:	Date:	Email:
<i>Department Chair:</i>	Print Name:	Department:	
	Signature:	Date:	Email:
<i>Dean:</i>	Print Name:	Department:	
	Signature:	Date:	Email:
<i>Academic Personnel</i>	Print Name:	Department:	
	Signature:	Date:	Email:
<i>Study Abroad & International Exchanges:</i>	Print Name:	Department:	
	Signature:	Date:	Email:
<i>Responsible Officer:</i>	Print Name:	Department:	
	Signature:	Date:	Email:

Please Forward form for next signature, final approval and record keeping of this form will be:

*International Student Services and Programs.
 Joyal Administration, Room 211, MS JA56*