

## 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> ○ Male   ○ 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?      ○ yes   ○ 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:      ○ On Campus      ○ 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 | _____  |

**Information Sheet**  
**Exchange Visitor Permit (J-1 Visa)**  
**Page 2 of 2**

**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 &amp; 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*