

Information Sheet Exchange Visitor Permit (J-1 Visa)

Family Name	Given Name	Middle Name
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: <small>(Include Mailing Address)</small>
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"/> Adjunct faculty status
<input type="checkbox"/> Computer use
<input type="checkbox"/> Email account | <input type="checkbox"/> Office
<input type="checkbox"/> Telephone
<input type="checkbox"/> Parking
<input type="checkbox"/> Up front monies | <input type="checkbox"/> Approval to work, receive payment
<input type="checkbox"/> Audit or sit-in on classes
<input type="checkbox"/> Other, please detail: _____ |
|--|---|---|

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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: <input type="radio"/> Male <input type="radio"/> Female
	Date of Birth <i>(Month/Date/Year):</i>	Country Of Birth	City of birth
	Citizen of:		Legal permanent resident of:
<i>Dependent</i>	Family Name	Given Name	Relationship: <input type="radio"/> Male <input type="radio"/> Female
	Date of Birth <i>(Month/Date/Year):</i>	Country Of Birth	City of birth
	Citizen of:		Legal permanent resident of:
<i>Dependent</i>	Family Name	Given Name	Relationship: <input type="radio"/> Male <input type="radio"/> Female
	Date of Birth <i>(Month/Date/Year):</i>	Country Of Birth	City of birth
	Citizen of:		Legal permanent resident of:
<i>Dependent</i>	Family Name	Given Name	Relationship: <input type="radio"/> Male <input type="radio"/> Female
	Date of Birth <i>(Month/Date/Year):</i>	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 256, MS JA56*