



# VISITING SCHOLAR Request

Date \_\_\_\_\_

FAMILY NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_

COUNTRY & CITY OF BIRTH \_\_\_\_\_ COUNTRY OF CITIZENSHIP \_\_\_\_\_ GENDER M \_\_\_ F \_\_\_

DATE OF BIRTH \_\_\_\_\_ (mo/day/yr)

**International Applicants Only:** PASSPORT NUMBER \_\_\_\_\_ Please include a copy of your passport.  
Have you participated in a J-1 program within the past 12 months? Yes \_\_\_ No \_\_\_ If yes, enclose copies of all IAP-66/DS2019 forms.

Highest University Degree Earned \_\_\_\_\_ US equivalent to this Degree \_\_\_\_\_

RESEARCH PROJECT: Title \_\_\_\_\_

Topic of study: \_\_\_\_\_ Preferred Dates of Study \_\_\_\_\_

Home Institution \_\_\_\_\_ Job Title: \_\_\_\_\_

Home institution's affiliation: Government \_\_\_ Academic \_\_\_ Private \_\_\_ Location of home institution \_\_\_\_\_

### Permanent Home Country Residential Street Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Mailing Address for documents if different from residence

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Contact Information

Phone \_\_\_\_\_

Email \_\_\_\_\_

Emergency contact person \_\_\_\_\_

Emergency phone contact \_\_\_\_\_

### Local Street Address in Tucson

\_\_\_\_\_  
\_\_\_\_\_ zip \_\_\_\_\_

Phone \_\_\_\_\_

**Total Estimated Costs.** Estimated housing, food and health insurance for one person is approximately \$1700.00 per month. If your family accompanies you, estimate an additional \$500-\$1000 per month for a larger apartment and health insurance.

### Please submit the following documents

1. Curriculum Vita including research experience
2. Complete the Research Protocol at <http://www.cesl.arizona.edu/docs/RESEARCH%20PROCEDURES.pdf>
3. A one-page statement detailing why CESL is the appropriate place to do your research and how you can contribute to CESL.
4. Two professional letters of recommendation less than one year old
5. Letter from your home institution of Guarantee of Employment upon return
6. Original documents of financial support. Mail to CESL, 1100 E. James E. Rogers Way, Tucson, AZ, 85721, USA

I have read and completed all pages of this application accurately. I understand the conditions for eligibility and have met them. I understand that I will not receive any monetary compensation from the U of A or CESL. I understand and agree to the conditions of the Visitor Program. I attest that I carry sufficient health insurance for the duration of my program. All information on this application is true to the best of my knowledge.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date



International Applicants Only

## Original Financial Documents for Research Visa

Research Scholars must enter the USA with a J-1 visa. CESL will send you a DS2019 to apply for the J-1 visa. To issue this document, you must give us proof of financial ability to pay the cost of your stay in the United States. Multiply the number of months you plan to stay by \$1700 with a maximum stay of 6 months. If you plan to bring your family add \$1000.00 per month. We must receive original financial documents. If you are selected to be a visiting scholar at CESL, you will receive the DS-2019 by express mail following an email confirmation.

**Who will take financial responsibility for your research?** Choose ONE of the two options below.

1. PRIVATE SPONSOR NAME Someone else will pay my research and living expenses from their bank account. For example: my university grant program. Write the name of your sponsor \_\_\_\_\_ Relationship to you \_\_\_\_\_

\_\_\_\_\_  
Sponsor's signature I agree to pay the expenses for this applicant's research and expenses.

**Bank Certification:** Ask for an official letter that shows the name of the bank, the name of the account holder, a current date, and the current balance in U.S. dollars and the current exchange rate.

2. SCHOLARSHIP Government agency, university, business or other institution will pay your research and living expenses.

Name of scholarship sponsor \_\_\_\_\_

**Scholarship certification:** My sponsor will submit a separate letter which explains the amount, terms and duration of my scholarship.

I understand that I am responsible for paying all bills personally, including all research, housing & living expenses, and that I am required to have health insurance for myself and my dependents for the duration of my research in the USA.

**Sign Here** \_\_\_\_\_

Date \_\_\_\_\_

IF YOUR SPOUSE OR CHILDREN WILL COME WITH YOU, FILL IN THE FOLLOWING INFORMATION ABOUT THEM. We must prepare separate DS-2019s for them to apply for J-2 visas. Include copies of their passports.

| Family Name, First Name | Birth date<br>Mm/dd/year | Country of<br>Birth | Country of<br>Citizenship | Relationship to<br>the J-1 scholar |
|-------------------------|--------------------------|---------------------|---------------------------|------------------------------------|
| _____                   | _____                    | _____               | _____                     | _____                              |
| _____                   | _____                    | _____               | _____                     | _____                              |
| _____                   | _____                    | _____               | _____                     | _____                              |
| _____                   | _____                    | _____               | _____                     | _____                              |

For more information about the J-1 visa.

<http://internationalscholars.arizona.edu/pageview.aspx?menu=5441&id=19670>

## AFFILIATE/ASSOCIATE INFORMATION FORM

### Non-Salaried Appointments Only

(Please print legibly and provide all information requested)

Name: \_\_\_\_\_  
Last First MI

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female  
(SSN and DOB are required for access to university services and for pre-employment screening and will not be used for any other purpose)

Not a HS Graduate  High School/GED  Some College  College Degree  Graduate Degree

Post-Graduate Highest Degree Earned: \_\_\_\_\_ Year Earned: \_\_\_\_\_

Permanent Street Address  
\_\_\_\_\_  
\_\_\_\_\_

City State Zip Code

Home phone: ( \_\_\_ \_\_\_ \_\_\_ ) \_\_\_\_\_

UA Department Phone Number: \_\_\_\_\_

Person to notify in emergency:

First Name  
\_\_\_\_\_

Last Name  
\_\_\_\_\_

Phone  
\_\_\_\_\_

Address  
\_\_\_\_\_  
\_\_\_\_\_

Have you worked in a paid position for the University of Arizona?  No  Yes

If yes, what Department(s): \_\_\_\_\_ Dates: \_\_\_\_\_

Are you a:  US Citizen  Permanent Resident  Non-Resident with Temporary Visa (Attach copy of I-94)

Visa Classification (if applicable): \_\_\_\_\_ Visa Expiration Date: \_\_\_\_\_

Will your duties require you to drive a University of Arizona vehicle or to use your own vehicle to conduct University business?  
 Yes  No (Note: Individuals under the age of 18 may not drive in the course of their duties.)

I attest that I am freely, without pressure or coercion, giving my time and services to the University of Arizona as an affiliate, associate or other individual working in an unpaid status. I am working in a non-salary or wage capacity solely for affiliation, educational, or personal reasons and without expectation of compensation, benefits or future employment from the University beyond any specified reimbursement arrangements, outside stipend or affiliate agreements.

I agree to familiarize myself with, and abide by, the University of Arizona's rules and policies regarding conduct, confidentiality, safety and welfare. I understand that I may be subject to the same pre-employment screening and criminal background checks as paid employees performing similar duties.

I understand the University provides limited accidental liability coverage to volunteers, but no other university or state-sponsored employee medical, retirement or insurance plans apply to this association and I will not be covered by the University for medical malpractice insurance (if applicable).

My signature below affirms that all information on this information form is accurate to the best of my knowledge and I agree to abide by the conditions outlined above.

**Affiliate/Associate Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Office Use Only: EID \_\_\_\_\_ Reviewed by: \_\_\_\_\_