



CESL VISITING SCHOLAR APPLICATION

Are you applying for CESL visiting scholar SLAT visiting scholar with SLAT-CESL Visiting Scholar Certificate Program CESL visiting scholar with SLAT-CESL Visiting Scholar Certificate Program

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 _____ Major/Field of Study _____

Most recent TOEFL iBT, IELTS or TOEIC score: _____ Date taken: _____

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 (if known)

_____ zip _____
Phone _____

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 Mm/dd/year	Country of Birth	Country of Citizenship	Relationship to the J-1 scholar
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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 \$600-\$1000 per month per dependent for a larger apartment and health insurance. NOTE: A DS-2019 cannot be issued without proof of financial support.

Please submit the following documents

1. Curriculum Vita including research experience
 2. Copy of your most recent TOEFL/IELTS/TOEIC score.
 3. Complete the research protocol for SLAT (available at XXXXX) or CESL (XXXXXX), depending on which program you are applying to.
 4. If applying to CESL, one-page statement detailing why CESL is the appropriate place to do your research and how you can contribute to CESL.
 5. If applying to SLAT, a 150-word proposal identifying your faculty sponsor and outlining your project.
 6. Two professional letters of recommendation less than one year old
 7. Letter from your home institution of Guarantee of Employment upon return
 8. \$75 application fee (if no Certificate Program) OR
 9. If applying to the Visiting Scholars Certificate Program, \$2790 tuition + fees, plus \$75 application fee (total: \$2865)
 10. Original documents of financial support (statement from sponsor or bank statement of personal funds; see estimated costs, above).
- Mail to CESL, 1100 E. James E. Rogers Way, Tucson, AZ, 85721, USA

Important Information!

Please visit the website of the University of Arizona Office of International Faculty and Scholars to learn more details about a J-1 visa, including information about the additional DS-2019 fee. Visit <http://global.arizona.edu/international-faculty/j-1-exchange-visitor>

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

I hereby authorize The University of Arizona to charge \$75 (US) (Visiting Scholar only) or \$2970 (US) (Certificate Program) to my credit card. There is a \$40 processing fee for denied credit cards. **Credit card payments submitted via email will NOT be accepted.**

Visa MasterCard/American Express Card # _____ CID # _____ Exp. Date _____

Cardholder name (please print) _____ Cardholder signature _____