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| Request must include: | | | | | | | | | **CV** | | | | | [**J-1 IOF**](https://internationaloffice.berkeley.edu/ucb_departments/recharge_fees)**[[1]](#endnote-1)** | | | | | | **Speedtype1** | | | | | | | [**Host Faculty Agreement**](https://internationaloffice.berkeley.edu/ucb_departments/j-1)**1** | | | | | | | | | | | | | | | | [**Scholar Proof of Funding**](https://internationaloffice.berkeley.edu/ucb_departments/J-1/financial-requirements)**1** | | | | | | | | | | | | |
| **APPOINTMENT INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Appointment Type:** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name (First Last):** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | **Faculty Sponsor Name:** | | | | | | | | | | | | |  | | | | | | | | | | |
| **Email:** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Faculty Sponsor Email:** | | | | | | | | | | | | |  | | | | | | | | | | |
| **Department:** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Start Date:** | | |  | | | | | | | | | | | | **End Date:** | | | | | |  | | | | | | | | | | | **Current Position:** | | | | | | | |  | | | | | | | | | | | | | | | |
| **Highest Degree Earned:** | | | | | | | | | | |  | | | | | | **Conferral Date:** | | | | | |  | | | | | | | | | **Institution:** | | |  | | | | | | | | | | | | | | | | | | | | |
| **Will Scholar Receive Stipend through UC Berkeley?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **LOCATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Building:** | | Ex. Sproul Hall | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Room Number:** | | | | | | | | | Ex. 120 | | | | | | | |
| **RESEARCH DUTIES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NOTES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **VISA *(if needed)*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Visa requirements may change without notice. Please check the* [*Berkeley International Office*](https://internationaloffice.berkeley.edu/) *site for current information.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Visa Action Type:** | | | | | |  | | | | | | | | | | | | | | | | | | | | | [**CIP Code**](https://docs.google.com/spreadsheets/d/1pXoiCVtQa-hRMNMwvf6lTcDjwe8tvTZL/edit#gid=1171591930)*(if known)***:** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Will the scholar bring any dependents?** | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | | | | | N/A -> | | | |  | | N/A -> | | | |  | | |
| [**English Competency**](https://internationaloffice.berkeley.edu/elp-documentation)*(choose one)***:** | | | | | | | | | | | | | | | | Sponsor Letter | | | | | | | English Proficiency Test | | | | | | | | | | | | | Letter from Home Institution | | | | | | | | | | | | | | | | | | | |
| **Needed to Process Visa:** | | | | | | | | | | | | [**J-1 IOF**](https://internationaloffice.berkeley.edu/ucb_departments/recharge_fees) | | | | | | **Speedtype** | | | | | | [**Host Faculty Agreement**](https://internationaloffice.berkeley.edu/ucb_departments/j-1) | | | | | | | | | | | | | | | | | [**Scholar Proof of Funding**](https://internationaloffice.berkeley.edu/ucb_departments/J-1/financial-requirements) | | | | | | | | | | | | | | |
| **Country of Citizenship:** | | | | | | | | | |  | | | | | | | | | | | | | | | | **Country of Current Residence[[2]](#endnote-2):** | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| **FEES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Fees**  *(Click on hyperlinks to confirm fee amounts)* | | | | | | | | | | | | | | | **Paid by Host** | | | | **Paid by Scholar** | | | **N/A** | | | If Fee is paid by host, provide the funding information/chartstring(s) in the next section. If the scholar is reimbursing host, further instructions will be provided. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| [BIO J-1 IOF Fee](https://internationaloffice.berkeley.edu/ucb_departments/recharge_fees)1 | | | | | | | | | | | | | | |  | | | |  | | |  | | | Name: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Department Fee | | | | | | | | | | | | | | |  | | | |  | | |  | | | Email: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| [Medical Insurance](https://clients.garnett-powers.com/vs/ucb/plans_benefits/)1 | | | | | | | | | | | | | | |  | | | |  | | |  | | | Address: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| SpeedType (Shipping/FedEx)1 | | | | | | | | | | | | | | |  | | | |  | | |  | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| [University Services Fee](https://vspa.berkeley.edu/about/university-services-fee) | | | | | | | | | | | | | | |  | | | |  | | |  | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **FUNDING INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The following *Fees* can be paid using a dedicated form (IOF): [BIO J-1 IOF Fee](https://internationaloffice.berkeley.edu/ucb_departments/recharge_fees) & [University Service Fee](https://vspa.berkeley.edu/about/university-services-fee) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Expense** | | | | | | | | | | | | | **Amount** | | | | | | | **Agency Type** | | | | | | | | | | | | | | | | | **GLBU** | | | | | **Fund** | | | | **Org/Dept** | | | | **Program** | **Chartfield 1** | | | | **Chartfield 2** |
| Department Fee *(if any)* | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | |  | | | |  | | | |  |  | | | |  |
| [Medical Insurance](https://clients.garnett-powers.com/vs/ucb/plans_benefits/)1 | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | |  | | | |  | | | |  |  | | | |  |
| [Stipend](https://vspa.berkeley.edu/faculty-staff/compensation/living-allowances) *(if applicable)* | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | |  | | | |  | | | |  |  | | | |  |
| SpeedType (Shipping/FedEx1): | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **CONTACT INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Preparer Name:** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | **Email Address:** | | | | | | |  | | | | | | | | | | | | | | | | | |
| **APPROVALS (*as needed*)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Attach email approval if needed in lieu of signature below | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Faculty Sponsor Name:** | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | **Signature:** | |  | | | | | | | | | | | | | | | | | | | **Date:** | |  | |
| **Funding Approver Name:** | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | **Signature:** | |  | | | | | | | | | | | | | | | | | | | **Date:** | |  | |
| **Dept Chair Name:** | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | **Signature:** | |  | | | | | | | | | | | | | | | | | | | **Date:** | |  | |
| **Dean Name:** | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | **Signature:** | |  | | | | | | | | | | | | | | | | | | | **Date:** | |  | |

1. Applicable only if scholar needs J1 Visa. [↑](#endnote-ref-1)
2. Might Impact Visa timeline. [↑](#endnote-ref-2)