

Berkeley Regional Services

VISITING SCHOLARS AND VISITING STUDENT RESEARCHERS FORM

Use this form to request a Visiting Scholar or Visiting Student Researcher appointment

For detailed instructions on completing this form, please [use this link](#).

Request must include: CV [J-1 IOF](#)¹ Speedtype¹ [Host Faculty Agreement](#)¹ [Scholar Proof of Funding](#)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:	Room Number:
------------------	---------------------

RESEARCH DUTIES

--

NOTES

--

VISA (if needed)

Visa requirements may change without notice. Please check the [Berkeley International Office](#) site for current information.

Visa Action Type:	CIP Code (if known):
--------------------------	-----------------------------

Will the scholar bring any dependents?

English Competency (choose one): Sponsor Letter English Proficiency Test Letter from Home Institution

Needed to Process Visa: [J-1 IOF](#) Speedtype [Host Faculty Agreement](#) [Scholar Proof of Funding](#)

Country of Citizenship: **Country of Current Residence²:**

FEES

Fees <i>(Click on hyperlinks to confirm fee amounts)</i>	Paid by Host	Paid by Scholar	N/A	<i>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.</i>
BIO J-1 IOF Fee ¹				Name:
Department Fee				Email:
Medical Insurance ¹				Address:
SpeedType (Shipping/FedEx) ¹				
University Services Fee				

FUNDING INFORMATION

The following Fees can be paid using a dedicated form (IOF): [BIO J-1 IOF Fee](#) & [University Service Fee](#)

Expense	Amount	Agency Type	GLBU	Fund	Org/Dept	Program	Chartfield 1	Chartfield 2
Department Fee <i>(if any)</i>								
Medical Insurance ¹								
Stipend (if applicable)								
SpeedType (Shipping/FedEx) ¹ :								

CONTACT INFORMATION		
Preparer Name:	Email Address:	
APPROVALS <i>(as needed)</i>		
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.

² Might Impact Visa timeline.