

Please include copies of the following as they apply to your situation:

- J-1 Status: DS-2019 Visa Document, J-1 Scholar Online Orientation Receipt, I-94 Document, Visa Stamp
 - If your J-1 is **not** sponsored by UCI, an employment authorization from your sponsoring agency is needed.
- F-1 OPT: I-20 Visa Document, Employment Authorization Document (EAD card), I-94 Document
- EAD: Employment Authorization Document (EAD card), I-94 Document

VISA STATUS/ IMMIGRATION DOCUMENT INFORMATION			
<input type="checkbox"/> F-1 [UCI I-20/OPT]	<input type="checkbox"/> J-1 [UCI DS-2019]	<input type="checkbox"/> H-1B	<input type="checkbox"/> EAD • J-2, E-2, L-2, or PENDING P.R.
<input type="checkbox"/> F-1 (not on UCI- I-20)	<input type="checkbox"/> J-1 [not on UCI DS-2019]	<input type="checkbox"/> TN	<input type="checkbox"/> OTHER:

BIOGRAPHICAL INFORMATION	
LAST NAME [AS IT APPEARS ON PASSPORT]:	
FIRST NAME [AS IT APPEARS ON PASSPORT]:	
DATE OF BIRTH [MM/DD/YYYY]:	
DO YOU HAVE ANY DEPENDENTS WITH YOU IN THE U.S.?	<input type="checkbox"/> YES; Provide copy of I-94 document <input type="checkbox"/> NO
NAME OF HIRING UCI DEPARTMENT:	
YOU JOB TITLE WHILE AT UCI:	
J-1 SCHOLARS: COMPLETE THE INFORMATION BELOW	
SEVIS ID NUMBER:	N
INDICATE HOW YOU WILL MEET J VISA HEALTH INSURANCE REQUIREMENTS (SELECT ONE ONLY)	
<input type="checkbox"/> I hold a Post-Doctoral position title (full coverage under UC Benefits) <input type="checkbox"/> I am a paid employee with UC Coverage (Repatriation & Medical Evacuation insurance must be purchased separately) <input type="checkbox"/> I enrolled in Gallagher Benefit Services program [attach evidence of enrollment] <input type="checkbox"/> I applied for waiver from Gallagher Benefit Services program [attach evidence of waiver approval]	

YOUR CONTACT INFORMATION			
LOCAL US ADDRESS:	STREET ADDRESS:		
	CITY:	STATE:	ZIP CODE:
PHONE:	CELL:	HOME:	CAMPUS:
UCI EMAIL ADDRESS:		OTHER EMAIL:	

EMERGENCY CONTACT INFORMATION	
NAME:	EMAIL ADDRESS:
PHONE NUMBER:	RELATIONSHIP TO YOU:

I VERIFY ALL THE INFORMATION PROVIDED ON THIS FORM IS TRUE TO THE BEST OF MY KNOWLEDGE.	
SIGNATURE OF SCHOLAR:	DATE [MM/DD/YYYY]: