ic office use only: date received: __________ advisor’s initials: __________ | revised on 4.4.2024
SECTION 3 CONTINUED: UCI PROGRAM INFORMATION

ACADEMIC APPOINTMENT TITLE:

APPOINTMENT START DATE (MM/DD/YYYY):  
APPOINTMENT END DATE (MM/DD/YYYY):

AREA OF RESEARCH (I.E. BIOLOGY, PSYCHOLOGY, ENGINEERING, ETC.):

BRIEF DESCRIPTION OF PROPOSED ACTIVITY:

COMPLETE PRIMARY UCI SITE OF ACTIVITY ADDRESS:

STREET ADDRESS:

CITY:  
STATE:  
POSTAL CODE:

ADDITIONAL SITE OF ACTIVITY NAME (IF APPLICABLE, REMOTE SITE OF ACTIVITY NAME)

ADDITIONAL SITE OF ACTIVITY ADDRESS (IF APPLICABLE, REMOTE SITE OF ACTIVITY ADDRESS)

SECTION 4: MINIMUM FINANCIAL REQUIREMENTS

FOR  
PER MONTH  
PER YEAR

J-1 SCHOLAR  
$2,400  
$28,800

ADDITIONAL FUNDS ARE REQUIRED IF SCHOLAR IS INVITING J-2 DEPENDENTS:

1 DEPENDENT  
$600  
$7,200

2 DEPENDENTS  
$1,200  
$14,400

3 DEPENDENTS  
$1,800  
$21,600

MINIMUM CONSIDERS COST OF BASIC ACCOMODATIONS, UTILITIES, FOOD, TRANSPORTATION AND HEALTH INSURANCE. PLANNING FOR MORE IS STRONGLY RECOMMENDED. J-1 NON-DEGREE STUDENT MUST DEMONSTRATE AT LEAST 51% NON-PERSONAL FUNDS (I.E. HOME INSTITUTION, SCHOLARSHIP, FELLOWSHIP, ETC.)

NON-UCI FUNDING: IF SCHOLAR IS RECEIVING NON-UCI FUNDING FOR THEIR J-1 PROGRAM, PLEASE NOTE FINANCIAL DOCUMENTS MUST BE IN U.S. DOLLARS OR INCLUDE CURRENCY CONVERSION, ALL DOCUMENTS MUST BE IN ENGLISH. J-2 DEPENDENT CANNOT PROVIDE FINANCIAL SUPPORT FOR J-1 SCHOLAR. IF DEPENDENT(S) WILL ACCOMPANY THE SCHOLAR DURING THEIR UCI APPOINTMENT, DEPENDENT REQUEST FORM MUST BE COMPLETED.

UCI FUNDING: IF SCHOLAR IS RECEIVING UCI FUNDING FOR THEIR J-1 PROGRAM, PLEASE CONFIRM THE AMOUNT OF FUNDING PROVIDED BY UCI SPONSORING DEPARTMENT.

FUNDING SOURCE

<table>
<thead>
<tr>
<th>1ST YEAR</th>
<th>2ND YEAR (IF APPLICABLE)</th>
<th>3RD YEAR (IF APPLICABLE)</th>
<th>4TH YEAR (IF APPLICABLE)</th>
<th>5TH YEAR (IF APPLICABLE)</th>
<th>TOTAL IN USD</th>
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<tbody>
<tr>
<td>UCI SPONSORED</td>
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<td>ALL OTHER UNIVERSITIES OR ORGANIZATIONS</td>
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<td>TOTAL IN USD</td>
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UCI International Center • Irvine, CA 92697-5255 • P: 949.824.7249 • F: 949.824.3090 • internationalscholar@uci.edu • www.ic.uci.edu

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### SECTION 5: HEALTH INSURANCE INFORMATION

**INDICATE HOW SCHOLAR WILL MEET J VISA HEALTH INSURANCE REQUIREMENTS (SELECT ONE ONLY). SCHOLAR MUST DEMONSTRATE PROOF OF HEALTH INSURANCE COVERAGE AT THE TIME OF ARRIVAL TO UCI.**

- [ ] SCHOLAR WILL HOLD POST-DOCTORAL POSITION TITLE (FULL COVERAGE UNDER UC BENEFITS)
- [ ] SCHOLAR IS A PAID EMPLOYEE WITH UC COVERAGE (REPARTRIATION & MEDICAL EVACUATION INSURANCE MUST BE PURCHASED SEPARATELY. VISIT THE [INTERNATIONAL CENTER WEBSITE](#) FOR MORE INFORMATION)
- [ ] SCHOLAR WILL ENROLL IN GALLAGHER BENEFIT SERVICES PROGRAM OR SCHOLAR WILL APPLY FOR WAIVER FROM GALLAGHER BENEFIT SERVICES PROGRAM (VISIT [GALLAGHER BENEFIT SERVICES WEBSITE](#) FOR MORE INFORMATION)

### SECTION 6: SPONSORING DEPARTMENT CERTIFICATION

- The scholar and accompanying dependents (if applicable) have adequate financial support for the duration of the scholar’s program, which, if offered UCI salary, is consistent with proposed activity.
- The proposed activity is suitable to the scholar’s background, needs, and experience.
- The scholar has English language proficiency adequate for the proposed activity, as certified by the English Language Proficiency Certification Form.
- The department has clarified expectations with the scholar regarding university support, benefits, length of program, and the availability of the office/lab space, equipment, computer access, clerical support, and faculty collaboration.
- Scholar will engage only in activities consistent with the intended program and department will notify the International Center of any changes in financial support, loss of funding, or change in the supporting department.
- Notify the International Center should there be a change in the scholar’s plans to come to UCI including when scholar is no longer engaged in the proposed activity.
- Notify the International Center if the scholar plans to leave UCI for more than 30 days while continuing the J-1 program.
- Notify the International Center when the scholar leaves UCI or is terminated for any reason.
- The scholar is aware of the health insurance requirements and has a clear understanding of who will be responsible for paying insurance premiums.

**SIGNATURE(S) MUST BE PROVIDED ON FORM BEFORE THE INTERNATIONAL CENTER CAN ISSUE A DS-2019 VISA DOCUMENT FOR THE SCHOLAR**

<table>
<thead>
<tr>
<th>DEPARTMENT CHAIR SIGNATURE:</th>
<th>NAME AND TITLE (PRINTED):</th>
<th>DATE:</th>
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<tbody>
<tr>
<td>DEAN’S OFFICE SIGNATURE: (IF APPLICABLE)</td>
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