

Center for International Education California

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FOREIGN FACULTY/RESEARCHER APPLICATION (To be completed by the Academic Department)



TODAY'S DATE:

PERSONAL INFORMATION

FAMILY/LAST NAME:

FIRST NAME:

DATE OF BIRTH:

COUNTRY OF BIRTH

COUNTRY OF CITIZENSHIP:

COUNTRY OF LEGAL
RESIDENCE:

HOME COUNTRY STREET
ADDRESS #1

STREET ADDRESS #2

PROVINCE/TERRITORY:

CITY:

STATE:

POSTAL CODE:

SEX

MALE

FEMALE

OCCUPATION IN HOME
COUNTRY:

PROGRAM INFORMATION

PURPOSE OF REQUEST

New J-1 Exchange Visitor from Abroad
Current J-1 Exchange Visitor transferring from another U.S. institution (Please attach a copy of most current DS-2019 form)

PROPOSED CATEGORY

Research Scholar Professor
Short Term Scholar Specialist

PROGRAM START DATE

PROGRAM END DATE

Please provide a description of the Exchange Visitor's proposed activities and how they will be in collaboration with the academic department's own program plan.

HAS THE APPLICANT PREVIOUSLY BEEN IN J-1 STATUS INTHE U.S.?

Yes
No

If so, list name of previous institution.

Previous Program Start Date

Previous Program End Date

SOURCE OF FUNDING

Required funds: \$2,000 per month for Exchange Visitor and \$1,200 per month for each dependent.

CSULB
CSULB Foundation
U.S. Government
International Organization
Exchange Visitor's Government
Binational Commission of Exchange Visitor's Country
Personal Funds
Other

