

California State University, San Bernardino Center for International Studies and Programs J-1 Scholar Information Form

General Information

Complete this section for all reports. Then complete the appropriate sections below.

Family Name (As appears in passport):	Given Name:
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (mm/dd/yyyy):
Home Phone:	SEVIS ID#:
Department:	

Arrival

Please inform the scholar to contact Center for International Studies & Programs and sponsoring department.

Scholars actual arrival date in the U.S. (Attach copy of passport, DS-2019, visa, I-94, and health insurance):	
Date of contact department:	Signature by department:
Date of contact CISP:	Signature by CISP:

Change of Address

Street Address:		Apt #:
City:	State:	Zip code:
Telephone:	Email:	
Effective date of change (mm/dd/yyyy):		

Early Program Completion

Departure from U.S. more than 30 days before the end date on the D-2018 and does not intend to return to CSUSB, Date of Departure (mm/dd/yyyy):	
Transfer to another institution in the US:	
Date of transfer (mm/dd/yyyy):	Contact person at institute:
Name of Institute:	Contact phone:
	Contact email:
Terminated:	
Effective date:	
Contact:	
Reason:	

Temporary Leave of Absence (Please bring airplane tickets)

Date of leave (mm/dd/yyyy):	Date of return (mm/dd/yyyy):
Contact phone:	Contact email:
Reason of temporary leave:	Mentor signature:
	Faculty Director signature:

Extension

All extensions must be with-in the Fam255 (see) with written permission from CISP Faculty Director

Current program dates (mm/dd/yyyy)	From:	To:
Extended dates (mm/dd/yyyy)	From:	To:
Reason:	Mentor signature:	
	Faculty Director signature:	

Letter of Invitation

All letters are for B-2 visas. Must attach written permission from CISP Faculty Director

Family Name	First Name	Date of Birth	Country of Birth	Relationship to Student
Reason:	Mentor signature:			
	Faculty Director signature:			

Departure Letter

Current program dates (mm/dd/yyyy)	From:	From:
Extended dates (mm/dd/yyyy)	From:	From:
Reason:	Mentor signature:	
	Faculty Director signature:	