



CALIFORNIA STATE POLYTECHNIC UNIVERSITY, POMONA

International Center

Exchange Visitor Information

To be completed by the Visiting Scholar

Title: Dr. Mr. Mrs. Ms. _____

Family Name: _____ First Name: _____ Middle: _____

Date of Birth: _____ () Male () Female
Month Day Year

Email: _____

City of Birth: _____ Country of Birth: _____

Country of Citizenship: _____ Country of Permanent Residence: _____

Employer in Home Country: _____

Position in Home Country: _____

Level of English Proficiency: () Fluent () Good () Fair () I need English Instruction

Have you traveled to the USA on a J-1 Visa before? _____ If so, when _____

Dependent Information

Complete only if visitor intends to bring a spouse and/or child(ren) to the USA.

Dependent(s) will: () Travel with Visitor () Travel Separately on the following date: _____

Table with 5 columns: Family Name, First Name, Date of Birth, City of Birth, Country of Birth, Relationship to Visitor

Health Insurance Requirement

Exchange Visitors and their family members are required by the Department of State to have health insurance coverage while in the USA on a J Visa. Please plan to purchase health insurance through Cal Poly Pomona contractor Wells Fargo Insurance Services at www.csuhealthlink.com.

Submit with the following documentation:

- Copy of the scholar's C.V.
• Financial documents from the scholar as proof of ability to support themselves during the visit (\$1200/month for the scholar, \$500/month for a spouse and \$250/month per child)
• Copy of the scholar's passport
• Copy of invitation letter written by Cal Poly faculty member
• Agree to purchase health insurance coverage from Wells Fargo Insurance Services