



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: _____

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