Incoming Visiting Scholar Request Form

Office of Academic Affairs and the Center for International Education
Central Connecticut State University

Due on or before:  
- **February 1** for Fall Semester  
- **July 1** for Spring Semester

**Instructions**

This form must be completed by CCSU faculty who seek approval to host a faculty member on exchange from a CCSU partner school or a visiting scholar from any overseas university for a semester or the full academic year. If the request involves a bilateral exchange with a CCSU partner university, this **Incoming Exchange Faculty/Visiting Scholar Request form** should be filed in conjunction with the **Outgoing CCSU Faculty Exchange Request Form** (available on the CIE website). The CIE website also offers the most recent listing of formally affiliated institutions.

Before completing this form, the faculty member who is hosting the scholar should discuss the plan 1) with the Center for International Education to obtain general advice and a copy of the **Administrative Procedures sheet**, and 2) with the Department Chair to review issues relating to teaching, student/community engagement, general responsibilities, and the resources that the department will provide for the scholar (e.g., housing, office space, salary, computing equipment, etc.).

**Type of Scholar**

This form is being submitted to (check one):

- □ Invite an Exchange Professor from a CCSU Partner school (the **Outgoing CCSU Faculty Exchange Request Form** must also be approved)
- □ Invite a Visiting Scholar from another overseas institution to CCSU

**CCSU Faculty Sponsor/Primary Host of Proposed Scholar**

Name: ___________________________________  Academic Department: ________________________________

Telephone numbers:  
- office: __________________________  
- home: ___________________________  
- cell: ____________________________

Will you be on leave during some or all of the scholar’s stay at CCSU?  
- □ Yes  
- □ No

If yes, who is the Alternate Host of the Incoming Visiting Scholar: ______________________________________

Dates of proposed visit to CCSU: ______________________________________

*Note: The host must notify all appropriate offices (CIE, Chair, and Department Secretary) of the scholar’s arrival date. The scholar should not arrive on campus unaccompanied or unannounced.*

What CCSU course(s) will the Visiting Scholar teach during the proposed period?

______________________________________________

______________________________________________

______________________________________________

Has the host academic department agreed to provide office space, secretarial support, and telephone and computer access to the Visiting Scholar?  
- □ Yes  
- □ No

If No, please explain alternate arrangements.

**Required:** What housing arrangements will be made for the Visiting Scholar by the host department?

**Required:** What arrangements will be made to meet the Visiting Scholar on arrival in Connecticut and transport him/her to the place of residence?
Visiting Scholar Information

**Important Note:** Once this application is approved, a background check will be required prior to the Visiting Scholar’s arrival (See Required Attachments #3 below). To facilitate that process, and to provide visa-related information, please complete this section in its entirety and attach a copy of the proposed Visiting Scholar’s Curriculum Vitae.

Full Legal Name of the Visiting Scholar: __________________________________________________________

Visiting Scholar’s e-mail address: __________________________________________________________

Home institution of the Visiting Scholar: __________________________________________________________

Visiting Scholar’s academic discipline: __________________________________________________________

Dates of proposed visit to CCSU: __________________________________________________________

Visiting Scholar’s country of citizenship: _______________________________________________________

Home address of the Visiting Scholar: __________________________________________________________

Visiting Scholars are expected to possess **excellent English language skills:** speaking, reading, and writing, and a TOEFL score of **at least 550.** Please describe the Scholar’s level of English proficiency and your method of assessment: __________________________________________________________

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**Required Attachments**

1. Scholar’s Curriculum Vitae
2. Completed *Incoming J-1 Exchange Scholar Biographical Information Form* (appended below)
3. Statement of Scholar’s Primary Purpose, including:
   a. the Visiting Scholar’s background and research interests;
   b. the Visiting Scholar’s primary purpose for visiting CCSU;
   c. the length of time required to complete the Visiting Scholar’s responsibilities and objectives;
   d. how the Visiting Scholar’s presence on campus will benefit the host Department and CCSU in general.
5. Copy of Passport

**Funding Information**

**Important Note:** In accordance with Immigration regulations, Visiting Scholars must demonstrate the availability of at least $1,500 per month to meet local cost of living expenses. In addition, the Visiting Scholar will be required to purchase CCSU-mandated insurance upon arrival. That cost will be cited in the Scholar’s letter of invitation; it is not included in the monthly cost of living allowance noted above.

Will the Visiting Scholar be paid a salary by his/her home institution for the duration of the visit? □ Yes □ No

Is the Visiting Scholar requesting a salary or cost of living supplement from CCSU? □ Yes □ No

Please identify the source(s) and amount(s) of all funding that will support the Visiting Scholar’s stay:

Source: ___________________________ Amount: $ ___________________________

Source: ___________________________ Amount: $ ___________________________

Source: ___________________________ Amount: $ ___________________________
Signatures

CCSU Faculty Sponsor __________________________________________ Date ______________________

Department Chair __________________________________________ Date ______________________

Chair's Comments on arrangements above:

Academic Dean __________________________________________ Date ______________________

Dean's comments:

CIE Director __________________________________________ Date ______________________

CIE Director’s comments:

Provost/Vice President __________________________________________ Date ______________________

Routing - Once the sponsor of the Visiting Scholar has obtained the signatures of his or her Chair and the Dean, the signed original and attachment should be forwarded to the Center for International Education for routing to the Provost. If approved, the CIE will send copies to all parties above, as well as to Chief Human Resources Officer, the Department Secretary, and Host Faculty.
Biographical Information

Instructions:
This form is to be completed by the Incoming Visiting Scholar and sent directly to the Center for International Education (CIE), either by fax to (860) 832-2047 or as an attachment to an e-mail to hoado@ccsu.edu.

Name (please type/print):
First name  Middle Initial  Last Name

Permanent Address:

E-mail Address:

Date of Birth: __________________________ (please write in full, e.g. June 5, 1965)

City of Birth: ____________________________________________________________  □ Male  □ Female

Country of Birth: _________________________________________________________

Citizen of ____________________  Legal Permanent Resident of ___________________

Passport Country  Country

Employer: __________________________  Position Title: __________________________

If this is a teaching position, what level do you teach?  □ Primary  □ Secondary  □ University

U.S. TRAVEL HISTORY:

Please provide information regarding your most recent J1 visits to the U.S.:

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<th>Visa Type</th>
<th>Dates in the U.S.</th>
<th>Purpose of Stay and Location</th>
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During this visit, will you be accompanied by any family members?  □ Yes  □ No

If yes, please attach a copy of each dependent’s passport, marriage certificate (spouse), and birth certificate (child).

Print the mailing address where your immigration documents should be sent:

Name: __________________________________________________________

In care of: _________________________________________________________

Street Address: ____________________________________________________

Apartment/Unit/Building Number: ________________________________

City: ____________________________________________________________

State/Province: __________________________________________________

Country: _________________________________________________________

Postal Code: _____________________________________________________
**Important Immigration Regulation**

**Two-Year Participation Bar**

At the end of the J-1 research scholar’s/professor’s exchange visitor program, regardless of the length of the stay (7 months, 2 years, or 5 years), the exchange visitor becomes subject to a “two year bar on repeat participation as a J-1 research scholar or professor.” This means that when a research scholar/professor completes his or her J-1 program participation, regardless of the length, the J-1 research scholar/professor status is concluded and the individual is not eligible for another stay as a J-1 research scholar/professor until two years have passed.

This bar is different from the two year home country residence requirement (see below) and only applies if the individual wants to return to the U.S. in the J-1 research scholar/professor category. The two years can be spent in the U.S. in another J-1 category (i.e. short term scholar or specialist) or in another immigration status, e.g. H-1B, if eligible.

**Existing 12 month bar**

There currently exists a 12 month bar for persons seeking to use the J-1 Research Scholar/Professor category. This bar applies to individuals who have been in the U.S. in any J status (all categories except short term scholar, and including J-2 status) for six months or more in the 12 month period immediately prior to the proposed start date on the new J program. Prospective J-1 research scholars/professors who are subject to the two year bar on participation are not subject additionally to the 12 month bar.

**Return this completed form to:**

Central Connecticut State University  
ATTN: Hoa Do  
Center for International Education  
1615 Stanley Street  
New Britain, CT 06050  
Fax: (860) 832-2047  
E-mail: hoado@ccsu.edu