International Visitor Form

To be completed by the Academic Department or Dean’s Office inviting the visitor

The Cal Poly International Center can assist your visitor in recommending the best visa type for their activities at Cal Poly. Before inviting a visitor, please complete this form and send it to Judy Mitchell. If you have questions, please call her at 756-5837 or e-mail her at jumitch@calpoly.edu. These questions will help determine the recommended visa type for the visitor.

**Please complete the form electronically, then print it for signature.

VISITOR INFORMATION (Enter name as it appears in the passport if possible. English spelling is preferred):

- **Family Name(s):**
- **First Given Name(s):**
- **Middle Name(s):**
- **Country of Citizenship:**
- **Country of Birth:**
- **Country of Legal Permanent Residence:**

**Gender:**
- [ ] Male
- [ ] Female

ACADEMIC DEPARTMENT INVITING VISITOR:

- **Cal Poly Staff or Faculty Completing This Form: Name:**
- **Phone:**
- **E-mail:**

FACULTY OR STAFF MEMBER IN CONTACT WITH VISITOR: **Name:**

WHO WILL BE RESPONSIBLE FOR ASSISTING THE VISITOR?

Please read Mentor Responsibilities and Mentor Agreement.

PREFERRED DATES WHEN VISITOR WILL BE ENGAGED IN ACTIVITIES AT CAL POLY: From: To:

PURPOSE OF VISIT: Check all activities:
- Research
- Teaching
- Internship
- Other:

DESCRIBE ACADEMIC FIELD OF RESEARCH AND/OR TEACHING:

DESCRIBE PLANNED ACTIVITIES OF VISITOR:

WILL VISITOR BE AN INSTRUCTOR OF RECORD FOR A CAL POLY CLASS? [ ] No [ ] Yes  Tenure-Track position? [ ]

WILL THE VISITOR BE PAID? [ ] Yes [ ] No

CHECK IF CAL POLY WILL PROVIDE: [ ] Compensation, [ ] Consultant Fee [ ] Cal Poly Health Benefits,
- [ ] Guest Lecture Fee, [ ] Reimbursement for expenses, please describe: [ ] Other, please describe:

IS THERE AN EXCHANGE AGREEMENT OR M.O.U. IN PLACE UNDER WHICH THIS VISITOR IS OPERATING? [ ] No [ ] Yes, If yes, please attach.

IS CAL POLY THE PRIMARY DESTINATION FOR THE VISITOR ON THIS TRIP TO THE USA? [ ] Yes [ ] No, If no, please describe other purpose of visit and other destinations:

IF CURRENTLY IN THE USA, WHAT IS THE VISITOR’S VISATYPE?

WILL THE VISITOR HAVE FAMILY MEMBERS ACCOMPANYING HIM/HER TO CAL POLY? [ ] Yes [ ] No

INSTITUTION OR BUSINESS THE VISITOR REPRESENTS: **Name:**

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INSTITUTION CITY: , COUNTRY:

HIGHEST DEGREE OBTAINED (Please attach CV): ☐ BACHELOR ☐ MASTER ☐ DOCTORATE ☐ POST-DOC ☐ OTHER (Describe):

CURRENTLY ENROLLED IN DEGREE PROGRAM? ☐ BACHELOR ☐ MASTER ☐ DOCTORATE ☐ POST-DOC

POSITION/OCUPATION IN COUNTRY OF RESIDENCE: (Student/Teacher/Professional):

ENGLISH PROFICIENCY: ☐ FLUENT ☐ FAIRLY GOOD ☐ NEEDS ASSISTANCE ☐ WILL ENROLL IN ESL BEFORE COMING TO CAL POLY

VISITOR INFORMATION (Enter name as it appears in the passport if possible. English spelling is preferred):

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TELEPHONE: __________________________ COUNTRY OF CITIZENSHIP: __________________________

E-MAIL: __________________________ COUNTRY OF BIRTH: __________________________

GENDER: ☐ MALE ☐ FEMALE COUNTRY OF LEGAL PERMANENT RESIDENCE: __________________________

REQUESTING DEPARTMENT RESPONSIBILITIES

The faculty mentor must submit the online Mentor Agreement and be sure to provide assistance in arranging for housing for the visitor and his/her family, school for accompanying school-age children, and making sure the visitor checks in with the International Center upon arrival. Additional responsibilities apply to J-1 scholars and J-1 student interns. The Dean’s office also needs to create an invitation letter (describing the dates, academic field, proposed activities, and financial support) to assist the scholar in obtaining the J-1 or B-1 visa at a U.S. Consulate or Embassy in their country of residence.

CAL POLY APPROVAL SIGNATURES

Sponsoring Faculty Member: __________________________
Print name: __________________________
Signature: __________________________
Date: __________________________

Department Head/Chair: __________________________
Print name: __________________________
Signature: __________________________
Date: __________________________

Dean: __________________________
Print name: __________________________
Signature: __________________________
Date: __________________________

Send completed form to Judy Mitchell in CPIC.
If you have questions, please call 756-5837 or e-mail jumitch@calpoly.edu.

INTERNATIONAL CENTER RECOMMENDATIONS:

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