



# VISITING SCHOLAR ENROLLMENT FORM

 New Registration

 Extension/Amendment

 Early Termination

<b>A. NAME (Last, first, middle)</b> UCSD department Mailcode Requested period of appointment Description of research project Faculty sponsor	
	Phone: _____
<b>B. GENERAL INFORMATION</b> Mailing address Date of birth (mm/dd/yy) Sex Country of citizenship (if not US)	
	Check one: <input type="checkbox"/> Male <input type="checkbox"/> Female
	Visa type:
<b>C. QUALIFICATION</b> Highest doctorate degree received School where degree was earned Year degree was received Current home institution name Title at home institution Source of funding while at UCSD If "other" please explain:	Check one: <input type="checkbox"/> Ph.D. <input type="checkbox"/> M.D.
	Check all that apply: Home institution <input type="checkbox"/> Sr Fellowship <input type="checkbox"/> Grant <input type="checkbox"/> Other <i>(Cannot be UCSD funds)</i>
<b>D. EXCEPTION</b> (Attached exception justification letter with this form.)	<input type="checkbox"/> Visiting From Industry <input type="checkbox"/> Doctorate Degree Waiver
<b>E. SIGNATURES/APPROVAL:</b> 1. Visiting Scholar 2. Faculty Sponsor 3. Department Chair/ORU Director 4. Associate Vice Chancellor	<b>Date</b>
Prepared by: Email/extension/mailcode	

