



UNIVERSITY OF NORTHERN COLORADO

Center for International Education

Instructions for Visiting International Faculty & Graduate Scholars

FOR

- INTERNATIONAL FACULTY who would like to teach courses or engage in research or professional development
- INTERNATIONAL GRADUATE STUDENTS who would like to engage in research or dissertation work and will not enroll in course work
- Visitors that need university wide access and services
- Visitors that will receive payment of any type

Thank you for your interest in the University of Northern Colorado (UNC). Collecting all required materials and submitting them in one packet to the *Center for International Education* will speed processing of your application. Please submit the application and all documents **AT LEAST 90 DAYS** prior to the date you would like to begin your program.

Visiting Faculty and Graduate Scholar Procedures:

1. Complete and submit the Application for International Visiting Faculty and Graduate Scholars
2. Submit a brief proposal or concept statement of the work you plan to accomplish at UNC and how it will meet the objective of the Exchange Visitor Program to *"promote cultural and educational exchange between citizens of the United States and those of other countries."* (maximum length one page)
3. Submit evidence of your English proficiency (*see below*)
4. Submit proof of financial support for your stay at UNC.
5. US\$125 as your application and processing fee.
 - ☐ Visa ☐ MasterCard ☐ Discover Card #: _____
 - Expiration date: _____ 3-Digit Security Code: _____ (found on back of card)
 - Name as it appears on the card: _____
 - Cardholder Signature: _____
 - Applications cannot be processed before the fee is received
 - * If application and processing fee will be paid for by a UNC department, please provide the account information here:
Department Name: _____
 - Fund: _____ Org: _____ Account: **51915** Program: _____
6. A photo-quality copy of the biopage of your passport
7. Proof of immunization (REQUIRED if you will be in the classroom for any reason)
8. A copy of your current USA visa (if you have one)

E-mail your application to **CIE@UNCO.EDU**.

Do NOT mail applications. ONLY Scan and E-mail please.
Preferred format is PDF. Send as 1 single document.

ALL APPLICATION MATERIALS MUST BE RECEIVED **90 DAYS PRIOR TO THE DATE YOU WISH TO BEGIN YOUR PROGRAM** AT UNC.



UNIVERSITY OF NORTHERN COLORADO

Center for International Education

Application for International Visiting Scholars and Visiting Graduate Students

Type all answers; then print and sign the application

Dates of your program at UNCO: From: Month _____ Day _____ Year _____ to: Month _____ Day _____ Year _____

Full

Legal Name _____

(as it appears on your passport) Last (Surname)

Given (First)

Middle

Maiden or other names used

Gender ☐ Male ☐ Female Marital Status ☐ Married ☐ Single Birthdate Month _____ Day _____ Year _____

Birthplace City: _____ Country: _____

Country of citizenship _____ Country of Permanent Residence _____

US visa you hold now, (if any) _____ Expiration Date _____

Position in home country _____

(Professor, Researcher, Graduate Student, Businessman, Artist, Government Official etc.)

Permanent (Foreign)

Mailing Address: _____
Street City Province Country Postal Code

Permanent (Foreign) Phone (_____) (_____) _____
Country Code City Code

E-Mail Address _____ US Phone (_____) _____
Area Code

US Mailing

Address _____
(If applicable) Street (Rural Route, P.O. Box) City State Zip Code

Have you applied to or enrolled at UNC before? ☐ Yes ☐ No If yes, when? _____

If yes, UNC Bear/ID Number _____

List member(s) of your family who will accompany you to the United States: (Note: copies of passport, marriage license and birth certificates are required)

Name	City of Birth	Country of Birth	Birthdate	Relationship (Spouse or child)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PLEASE NOTIFY THE CENTER FOR INTERNATIONAL EDUCATION IMMEDIATELY OF ANY CHANGE IN MAILING OR EMAIL ADDRESS

Purpose of Visit:

To help us determine the appropriate immigration category please check the box below that best describes the reason for your visit.

- | | |
|--|--|
| <input type="checkbox"/> Graduate Student: Auditing/Observing Classes | <input type="checkbox"/> Professor or Teaching Faculty |
| <input type="checkbox"/> Graduate Student: Research or Dissertation work | <input type="checkbox"/> Intern: Must be attending a university outside of the USA |
| <input type="checkbox"/> Researcher | <input type="checkbox"/> Study English in the Intensive English Program |
| | <input type="checkbox"/> Other Professional: _____ |

Brief Description of planned activities:

UNC Faculty Sponsor: _____

Document your English Proficiency:

The United States Department of State requires that each exchange visitor have “sufficient knowledge of the English language to undertake the program for which selected, or the sponsoring organization is aware of the language deficiency and has nevertheless indicated willingness to accept the alien” 22 C.F.R. § 41.62(a)(3) . In order to meet this federal requirement, CIE will evaluate the English proficiency of all incoming scholars. This may require participation in our Intensive English Program at the expense to the scholar. UNC asks scholar applicants to submit the following documentation depending on the scholar’s purpose in visiting UNC. Are you a:

- Graduate students auditing/observing classes or Professor or Teaching Faculty** submit one of the following:
 - A TOEFL score of: 80 - Internet-based OR 550 - Paper-Based OR
 - Your Minimum IELTS score – 7 OR
 - Proof that you currently teach courses in English at your home university OR
 - Proof that you have completed an undergraduate or graduate degree **within the last 5 years** from a university at which English is the primary language of instruction.Additionally for Graduate Students:
 - Submit transcripts of your university studies, showing undergraduate and graduate courses
 - Pay tuition for courses in which you enroll
- Other Professional or Graduate Student engaged in research or dissertation work or Student Intern.**

Please contact your hosting department to request a telephone interview. Different departments may require additional documentation.

Work/Teaching Experience:

_____	_____	From _____	To _____
Employer/School	Grade or Subject(s) Taught		Dates
_____	_____	From _____	To _____
Employer/School	Grade or Subject(s) Taught		Dates
_____	_____	From _____	To _____
Present Employer/School	Grade or Subject(s) Taught		Dates

Financial Support:

You are required to prove that you have funds to cover all costs during your stay at UNC. If dependents are coming with you, sufficient funds must be shown to cover their expenses also. Additionally, if you will be enrolling in classes or attending Intensive English Classes, proof of ability to pay for these is required. *NOTE: Scholars that are not entering with a J-1 visa, do not need to complete the Financial Support section or provide financial documentation.*

Expenses at UNC

Living Expenses: \$2000 per month \$ _____

Expenses for dependents accompanying you per month:

\$ 550 for the first dependent

\$ 350 for each additional dependent \$ _____

Graduate Tuition and Fees: \$10000 per semester \$ _____

Intensive English Classes: \$3000 per 8-week session \$ _____

TOTAL MINIMUM FUNDING REQUIRED \$ _____

Please fill out the attached *Affidavit of Support* and return it with this application. In addition to the Affidavit of Support, please indicate the source of your financial support below and submit documents supporting that funding, according to the information at the bottom of the *Affidavit of Support*.

☐ U.S. Government Agencies: _____ \$ _____

☐ International Organizations: _____ \$ _____

☐ Your Government: _____ \$ _____

☐ Other organizations providing support

Source of funds: _____ \$ _____

☐ Personal Funds: _____ \$ _____

Emergency Contact Person

Name _____
Surname/Family/Last Given/First Middle Relationship (Spouse, Parent, Friend)

Phone: (_____) (_____) _____
Country Code City Code

I hereby certify that to the best of my knowledge the information furnished in this application is accurate and complete. I understand that if found to be otherwise, it is sufficient cause for delay of admission, loss of credit, rejection, or dismissal. I hereby consent to the release of my transcript(s) to the institution receiving this application.

Signature of Applicant

Printed Name

Date

ALL APPLICATION MATERIALS MUST BE RECEIVED 90 DAYS PRIOR TO THE DATE YOUR PROGRAM WILL BEGIN.

The University of Northern Colorado is a fully committed Affirmative Action and Equal Opportunity Employer



Center for International Education Affidavit of Financial Support

In consideration of the acceptance of _____ who is my _____,
Name of Applicant Relationship – Son, Daughter, etc.

as a student at the University of Northern Colorado for the academic year beginning _____

I certify that I am able, willing, and do promise to provide him/her the amount of \$_____ (insert amount from Financial Support section of the application) payable in United States dollars for his/her tuition, fees, and living expenses during said academic year or duration of study at the University of Northern Colorado. Evidence of my financial resources in the form of a bank statement, scholarship letter, or employer's statement accompanies this Affidavit of Support. *(please use a new copy for each form of support)*

Name of Sponsor _____

Signature of Sponsor _____ Date _____

Financial Requirements

As a requirement for both visa issuance and matriculation, international applicants must provide evidence of sufficient financial support for one academic year or the duration of study if less than one year. This support can be from personal funds, from sponsors, or from an official government agency. For an estimated expense budget and complete instructions for financial certification, please refer to the Financial Support section of the application.

Proper certifications for financial statements are as follows:

Bank Statements: Original document; signed by proper bank official; amount must be reported in United States dollars.

Scholarship Letter: Original document; signed by proper agency official; amount awarded must be reported in United States dollars; duration of the scholarship must be included (i.e. one academic year, two academic years, etc.).

Affidavit of Support: Original document; amount of support must be reported in United States dollars; original signature and official embossed (raised) seal of the Notary Public; original signature of the sponsor.

Financial Assistance from the University:

International students are **NOT** eligible for United States Federal or State of Colorado financial aid administered by the University. By law such governmental funds are reserved for U.S. Residents. However, international students may compete for merit-based awards administered through Colleges, Departments, Schools, and/or the Graduate School. They may also qualify for graduate teaching or research assistantships, given appropriate levels of discipline-knowledge and English proficiency.



Colorado Department
of Public Health
and Environment

CERTIFICATE OF IMMUNIZATION FOR COLLEGE STUDENTS

Colorado law requires this form be completed and provided to the school.

Name:	Date of Birth:
Bear ID:	
Street Address:	City, State, ZIP Code:
School Name:	School Address:
School Phone Number:	School Fax Number:

Immunization requirements for Colorado college students: two doses of MEASLES, MUMPS, and RUBELLA (MMR) vaccine.

REQUIRED VACCINE	DATE GIVEN	REQUIRED VACCINE	DATE GIVEN
MMR #1 (Measles-Mumps-Rubella)		MMR #2 (Measles-Mumps-Rubella)	

The following vaccines are strongly recommended for college students, although not required by Colorado law.

ADDITIONAL VACCINES RECOMMENDED	DATES GIVEN (IF AVAILABLE)	ADDITIONAL VACCINES RECOMMENDED	DATES GIVEN (IF AVAILABLE)
DTP/DTaP/Tdap (Diphtheria-Tetanus-Pertussis)		Varicella (Chickenpox)	
Td (Tetanus-Diphtheria)		Meningococcal	
OPV/IPV (Polio)		HPV (Human Papillomavirus)	
Hep B (Hepatitis B)		Other:	
Hep A (Hepatitis A)		Other:	

- Measles, mumps, and rubella (MMR) vaccine is not required for college students born before January 1, 1957.
- The first MMR vaccine must have been administered **no earlier than 4 days before the first birthday**. The 2nd dose of MMR vaccine or of measles vaccine must have been administered **at least 28 calendar days after the 1st dose**.
- In lieu of immunization, written evidence of laboratory tests showing immunity to measles, mumps, and rubella is acceptable. Attach written proof to the Certificate or record test results and dates in the boxes above.

TO THE BEST OF MY KNOWLEDGE, THE PERSON NAMED ABOVE HAS RECEIVED THE IMMUNIZATIONS REQUIRED FOR SCHOOL/CHILD CARE ENTRY

DO NOT SIGN UNLESS ALL REQUIRED IMMUNIZATIONS HAVE BEEN ADMINISTERED

Signed _____ Title _____ Date _____
(Physician, nurse or school health authority)

STATEMENT OF EXEMPTION TO IMMUNIZATION LAW (DECLARACIÓN RESPECTO A LAS EXENCIONES DE LA LEY DE VACUNACIÓN)

**IN THE EVENT OF AN OUTBREAK, EXEMPTED PERSONS MAY BE SUBJECT TO EXCLUSION FROM SCHOOL AND TO QUARANTINE.
SI SE PRESENTA UN BROTE DE LA ENFERMEDAD, ES POSIBLE QUE A LAS PERSONAS EXENTAS SE LES PONGA EN CUARENTENA O SE LES EXCLUYA DE LA ESCUELA.**

MEDICAL EXEMPTION: The physical condition of the above named person is such that immunization would endanger life or health or is medically contraindicated due to other medical conditions.

EXENCIÓN POR RAZONES MÉDICAS: El estado de salud de la persona arriba citada es tal que la vacunación significa un riesgo para su salud o incluso su vida; o bien, las vacunas están contraindicadas debido a otros problemas de salud.

Medical exemption to the following vaccine(s):

La exención por razones médicas aplica a la(s) siguiente(s) vacuna(s):

Signed (Firma) _____ Date (Fecha) _____
Physician (Médico)

RELIGIOUS EXEMPTION: Parent or guardian of the above named person or the person himself/herself is an adherent to a religious belief opposed to immunizations.

EXENCIÓN POR MOTIVOS RELIGIOSOS: El padre o tutor de la persona arriba citada, o la persona misma, pertenece a una religión que se opone a la inmunización.

Religious exemption to the following vaccine(s):

Exención por motivos religiosos de la(s) siguiente(s) vacuna(s):

Signed (Firma) _____ Date (Fecha) _____
Parent, guardian, emancipated student or student 18 years and older
(Padre, tutor, estudiante emancipado o estudiante de 18 años y mayor)

PERSONAL EXEMPTION: Parent or guardian of the above named person or the person himself/herself is an adherent to a personal belief opposed to immunizations.

EXENCIÓN POR CREENCIAS PERSONALES: Las creencias personales del padre o tutor de la persona arriba citada, o la persona misma, se oponen a la inmunización.

Personal exemption to the following vaccine(s):

Exención por creencias personales de la(s) siguiente(s) vacuna(s):

Signed (Firma) _____ Date (Fecha) _____
Parent, guardian, emancipated student or student 18 years and older
(Padre, tutor, estudiante emancipado o estudiante de 18 años y mayor)