

Visiting Scholars' Nomination

Name: _____ **Gender:** Male / Female
Last (family name) First (given name) (circle one)

Date of Birth: ____ / ____ / ____ **E-mail:** _____
month day year

Home University and Department: _____

Current Home University Status: Student / Researcher / Professor / Lecturer / Other: _____
(circle status) (position / title)

Advanced degree candidate: _____
(degree objective)

Host UC Campus and Department: _____

Host UC Faculty Member: _____ **E-mail:** _____
(name and title)

Duration of Stay From: _____ **To:** _____
(month / day / year) (month / day / year)

As a UCEAP participant, I hereby authorize the release of information regarding my visit to the University of California and to my home university as deemed necessary and appropriate by this Program.

I understand that UCEAP reserves the right to deny or revoke my participation in UCEAP if I violate UC rules, or I am dishonest in dealing with UCEAP or other University personnel, or I engage in behavior reflecting a serious lack of judgment or integrity, to the extent that it calls into question my ability to participate successfully in UCEAP.

I will enroll in health and evacuation / repatriation insurance coverage as required by my host UC.

I will be responsible for all visa-related expenses and personal expenses (including but not limited to insurance, travel, living, meals, housing, etc.) while in the U.S.

In the event of a medical or other crisis, UC and UCEAP may release any necessary information to my home university and my emergency contact.

I authorize UCEAP to release to my parents, legal guardian or spouse information related to my participation in the Exchange.

Applicant's Signature: _____ **Date:** _____

Home University's Signature: _____ **Date:** _____