

University of Puerto Rico  
 Deanship of Academia Affairs  
**International Visitors and Academic Experiences Program (IVAEP)**  
 CANDIDATE INFORMATION FORM

**B. Information about the Visit**

Area of Specialty and Purpose of the visit (submit a description and a calendar of activities)

Period of the visit

From: \_\_\_\_\_ month \_\_\_\_\_ day \_\_\_\_\_ year To: \_\_\_\_\_ month \_\_\_\_\_ day \_\_\_\_\_ year

Category which will be apply for :

- Professor       Researcher       Short Term Scholar

Cost (write the amounts that apply)

Salaries	_____	Stipends or Scholarship	_____
Transportation	_____	Per Diem	_____
Lodging	_____	TOTAL	_____

Approved financial assistance (identify the origin or sources of the funding, the amount, and submit the evidence)

- |  |        |   |        |
|--|--------|---|--------|
| <input type="checkbox"/> Private Organization      | _____. | <input type="checkbox"/> Federal Government         | _____. |
| <input type="checkbox"/> University of Puerto Rico | _____. | <input type="checkbox"/> Visitor's Government Funds | _____. |
| <input type="checkbox"/> Combined Funds            | _____. | <input type="checkbox"/> Others (specify)           | _____. |
| <input type="checkbox"/> Personal Funds            | _____. |   | _____. |

Method of Payment (**Travel Authorization mechanism can not be used**)

- Service Contract  
 Direct Payment Service Contract  
 Others (specify) \_\_\_\_\_.

Name, Faculty and Department of the person responsible for the candidate (before, during and after the visit)

Office telephone, home telephone, and e-mail address.

**Documents of the candidate that must be submitted with this petition**

1. Copy of the passport
2. Photograph (if the photograph on the copy of the passport is in color and the face can be fully appreciated, another photograph is not necessary).
3. Curriculum vitae.
4. Academic Credentials (in English or Spanish): One of the following: copy of the Diploma; or copy of the Degree Certificate; or copy of the Credit Transcripts with the Degree. At least one (1) copy of a recent publication (if it applies). Letters of recommendation
5. Work program for the activity or project.
6. Health Insurance Certification. The Department of State, Federal Code 22, Section 514, establishes as a condition to received a J-1 or J-2 Visa, that the participant must carry and maintain adequate health insurance coverage for him/her and for his/her dependents (spouse and children). Government regulations stipulate that if the participant fails to maintain health insurance, the institution must terminate the program participation. The exchange visitor must submit evidence that he/she has a health insurance with the minimum coverage required, and that it will cover him/her and his/her family in Puerto Rico.
7. Application for the Certificate of Eligibility DS-2019 for the Participant Dependents (spouse and children) and copies of his/her dependents passport and a photograph of them (if applicable).
8. Accident Insurance Certification for the Dependents of J-1 Visitors (if applicable).

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1. Select the PRINT FORM button,
2. The "Print" screen will appear;
3. In the section **Printer** Name: select Adobe PDF;
4. Select "OK" to print;
5. The screen "Save PDF File As" will appear;
6. Select where you want to save it and type the name;
7. Select "Save" and the form with the information that you typed will be save.