

New Registration

Extension/Amendment

<b>A. NAME (Last, First, Middle)</b> UCSD department Period of Appt (Begin date-end date) Description of research project Faculty sponsor			
<b>B. GENERAL INFORMATION</b> Mailing address Personal Email Address Date of birth (mm/dd/yyyy) Gender Identity Country of citizenship (if not US)			
	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> NonBinary <input type="checkbox"/> Decline to State		
	<b>Visa type:</b>		
<b>C. QUALIFICATION</b> Highest 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:	<input type="checkbox"/> B.A./B.S. <input type="checkbox"/> Masters/MBA <input type="checkbox"/> Ph.D./Doctorate <input type="checkbox"/> M.D./Medical		
	<b>Check one:</b>		
	<b>Check all that apply:</b> <input type="checkbox"/> 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>	<input type="checkbox"/> Visiting From Industry	<input type="checkbox"/> Other _____	
	<input type="checkbox"/> Doctorate Degree Waiver		
<b>E. SIGNATURES/APPROVAL:</b>	<b>Date</b>		
	1. Visiting Scholar		
	2. Department Administrator		
<i>Department Administrator:</i> <i>Email/extension/mailcode</i>			

Upload completed form to RSAS along with CV, proof of home institution affiliation, financial support and Patent Acknowledgement. Remember to send original Patent Acknowledgement to Jennie Salomon (jrsalomon@ucsd.edu) Mailcode 0043 . This form must be complete to receive approval from OPRSA.