

University of South Carolina
Advance Notice of PROSPECTIVE Non-U.S. Citizen Employee or Sponsored Visitor
 (To be completed by Appointing Department)

Return IS-1 Form to:
International support for Faculty and Staff
901 Sumter Street, Byrnes Suite 702, Columbia, S.C. 20208

Phone: 803-777-0288
Fax: 803-777-3013

Part I. Personal Data of Non-U.S. Citizen

U.S. Social Security Number: _____
 (If none, leave blank)

Mr. _____
 Dr. Name: _____ Male
 Ms. _____ (Last/Family) _____ (First/Given) _____ (Middle) _____ Female

Current Address: _____ Phone Number: _____
 _____ (Include country & city area codes)
 _____ Fax Number: _____
 _____ (Include country & city area codes)
 _____ E-mail: _____

Part 2a. Appointment Data

Name of Department: _____
 College/Campus: _____
 USC Approved Title of Position to be held: _____
 This appointment is: Initial Appointment Renewal Appointment
 Dates of this appointment: Begin: _____ End: _____
 Does this appointment include access to USC insurance? Yes No
 If no, will department purchase alternate coverage for appointee? Yes No
 Does appointee have the English language skills necessary to successfully complete the proposed program in the U.S.? Yes No
 Field of specialization, including teaching and/or research focus at USC (for researchers, departments should also provide title of USC research project or grant): _____

Part 2b. Proposed University Status (Check all that apply)

Staff:	Temporary (PBP-2)	Temporary Grant
	Permanent (PBP-1)	University Affiliate (PBP-21)
Faculty:	Tenure Track	PBP-1
	Non-Tenure Track	PBP-2
	Temporary Grant	PBP-21

Part 2c. Expected Length of Employment or Stay at USC:

6 mos. or less	1 year or less*
1-6 years	Permanent

Part 2d. For Immigration purposes, the primary activities of the individual will be:

Teaching/Lecturing Research Teaching & Research
 Both Research & Teaching, but primarily _____
 Consultation or Observation Staff or Technical Support
 * Internship Training Program
 Other (describe) _____

Part 3. Source of Financial Support (while in the U.S.) This information is required by the Department of Homeland Security-U.S. Citizenship and Immigration Services; the U.S. Department of State and/or the U.S. Department of Labor. It also is used to determine the appropriate Immigration category for the international. All information provided will be held in confidence.

	Amount of Support
USC Appropriated Salary	_____
Research Grant or other source of funding paid through USC.....	_____
U.S. Government Stipend (paid directly to appointee)	_____
Foreign Government Stipend (paid directly to appointee)	_____
Sabbatical Salary from home institution	_____
Personal Funds.....	_____
Other: _____	_____

FOR ISFS USE ONLY

Part 4. Approval of Appointment

Name of Person Completing Form: _____ Phone: _____ E-mail: _____
 Name of Faculty Associate/Supervisor: _____ Phone: _____ E-mail: _____
 Signature of Department Head: _____ Date: _____ E-mail: _____
 Signature of Dean/Academic Vice Chancellor: _____ Date: _____

DO NOT WRITE BELOW THIS LINE ----- THIS SECTION TO BE COMPLETED BY ISFS ----- DO NOT WRITE BELOW THIS LINE

I-9: Attached Previously Submitted by Department Not Applicable (Non-salaried University Affiliate)
 U.S. Permanent Resident – eligible for employment INDEFINITELY. NO FUTURE ISFS CLEARANCE NEEDED.
 U.S. Immigration Status: _____ USCIS Status: Renewable Not Renewable (see comments)
 Eligible for employment at USC from: _____ until _____
 NOT eligible for employment at USC, but eligible to be in the U.S. until: _____
 Comments: _____

Country of Citizenship: _____ Reviewed by: _____ Date: _____