

**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:**  
**Office for International Scholars (OIS)**  
**1300 Pickens Street, 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)**

<b>Staff:</b>	Temporary (PBP-2)	Temporary Grant
	Permanent (PBP-1)	University Affiliate (PBP-21)
<b>Faculty:</b>	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 OIS USE ONLY**

**Part 4. Approval of Appointment**

Name of Person Completing Form: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Faculty Associate/Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature of Department Head: \_\_\_\_\_ Date: \_\_\_\_\_ Email: \_\_\_\_\_

Signature of Dean/Academic Vice Chancellor: \_\_\_\_\_ Date: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE ----- THIS SECTION TO BE COMPLETED BY OIS ----- 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 OIS 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: \_\_\_\_\_