

INTERNATIONAL FACULTY & SCHOLARS

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PRELIMINARY EVALUATION SHEET**SCHOLAR INFORMATION:**

Family Name:		First:	Middle:
Email Address:		Phone (home):	Phone (office):
Home Address:		City & State:	Zip Code:
Office Address:		City & State:	Zip Code:
Date of Birth (mm/dd/yy):	City/Village/Town of Birth:	State/Province of Birth:	Birth Country:
Social Security Number (U.S.):		A# (if applicable):	

SCHOLAR QUALIFICATIONS:

	Yes	No		Yes	No
Internationally Recognized?			Memberships Requiring Outstanding Achievements?		
3 Years post-PhD Experience?			Published Material about YOUR work?		
Teaching?			Participation as Judge of Others Work?		
Research?			Original Scientific Contributions? (6-10 expert letters)		
Major Prizes/Awards? (i.e Nobel)			Authorship in Internationally Circulated Journals? # _____?		

EMPLOYMENT INFORMATION:

Full UA Working Title:	Full-Time or Part-Time:	Annual Salary:
Department:	College/School:	

IMMIGRATION INFORMATION:

Current Status:	If H-1B status, approval dates?	First H-1B approval (mm/dd/yyyy)?
I-94 Number:	Date of Arrival:	

**I certify that the above information provided on this form is true and correct.*

Name

Signature

Date



THE UNIVERSITY OF ARIZONA

**International Faculty
& Scholars**