

**NOTICE OF APPOINTMENT**

of personnel from abroad

Please complete all sections in Part I

Signature of Department Head \_\_\_\_\_

Date \_\_\_\_\_

Name of person preparing this form \_\_\_\_\_

**PART I: TO BE TYPED** by the appointing department and delivered to the Office of International Programs, 133 Bennett Hall 3340 Walnut Street / D1 (ext. 4661)

Campus address \_\_\_\_\_

ext. \_\_\_\_\_

**A. THIS NOTICE REPRESENTS:** XXX Initial Appointment \_\_\_\_\_ Renewal Appointment

**B. APPOINTEE'S PERSONAL DATA:**

Dr. Mr. Ms. (circle) Date of Birth 08 / 16 / 54 Male ( X ) Female ( )

Family name (in capital letters) Cardelli First name(s) Luca

Country of citizenship Italy City & country of birth Ponte Buggianese (pt), Italy

Current address 530 Park Avenue, Apartment 116, Scotch Plains, NJ 07076

Permanent address VIA BUGGIANESE 185, PONTE BUGGIANESE (PT) ITALY

Occupation or position in home country NONE

**C. STATUS AT THE UNIVERSITY:**

\_\_\_\_ Full-time STUDENT School \_\_\_\_\_ Department \_\_\_\_\_ Date of Matriculation \_\_\_\_\_

X PROFESSIONAL (full-time researcher, visiting professor,...)

**D. APPOINTMENT DATA:**

Dates of Appointment: from 01 01 84 to 12 31 84  
month day year month day year

Title of position to be held Adjunct Asst. Prof. University Status (circle) A1, A2, A3, A4, A5

Name of Department Comp. & Info. Science School or Hospital division SEAS

Field of appointee's specialization COMPUTER SCIENCE

Appointee's primary work responsibility (indicate ONE)

X Teaching \_\_\_\_\_ Research \_\_\_\_\_ Other (specify) \_\_\_\_\_

University staff member to whom appointee will be responsible

Dr. Aravind K. Joshi ext. 8540

**FINANCIAL SUPPORT OR SALARY PROVIDED BY:**

1) University of Pennsylvania \$ 3,000

Specify any additional benefits (tuition, insurance, travel, meals,...) \$ \_\_\_\_\_

2) If the University is providing only partial support or no support, indicate the other source(s) of funds. \_\_\_\_\_ \$ \_\_\_\_\_

**E. VISA CLASSIFICATION** (check one)

\_\_\_\_ (F-1) Student visa

X (J-1) Exchange Visitor

\_\_\_\_ Immigrant visa

\_\_\_\_ Application for H visa in process

\_\_\_\_ Application for immigrant visa in process

\_\_\_\_ Other (specify) \_\_\_\_\_

**PART II: (to be completed by the Office of International Programs only)**

Social Security # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

If J-1 Program # \_\_\_\_\_

Type of visa \_\_\_\_\_

Sponsor \_\_\_\_\_

Alien File # \_\_\_\_\_

F-1 (other school)

Date of initial entry \_\_\_\_\_

Name of School \_\_\_\_\_

Work Permission expires \_\_\_\_\_

Expiration date of permit to stay \_\_\_\_\_

International Programs signature \_\_\_\_\_ Date \_\_\_\_\_