

THE UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER AT DALLAS

J-1 Visa Request Form (To be completed by Department sponsoring Exchange Visitor)

Rev. March 27, 2013

Visitor \_\_\_\_\_ ( ) Male
Family Name First Middle ( ) Female
( ) Married Occupation
Date of Birth ( ) Single Citizen of at Home

UTSW can issue sponsorship documents in any increments of time up to five years if funding is stable. By requesting more than one year, you are confirming that funding is expected to be available for the entire period. If funding is from a source other than UTSW we must receive official documentation from the funding source for the period of document validity. Please specify the period for which you would like the document to be issued:

Date document is to begin \_\_\_\_\_ Date document is to end \_\_\_\_\_

UTSW Job Title \_\_\_\_\_ Dept. \_\_\_\_\_

Objective of Visit (Describe in layman's terms the nature of the research or academic pursuit in which visit will engage):

Principal Investigator \_\_\_\_\_ Mail Code \_\_\_\_\_ Extension \_\_\_\_\_

Administrative Contact \_\_\_\_\_ Extension \_\_\_\_\_ Fax \_\_\_\_\_

UTSW Sub-ledger Number \_\_\_\_\_ Depart ID# \_\_\_\_\_

OR Federal Express Account Number \_\_\_\_\_

Postdoctoral appointees must receive minimum funding of \$37,740/year. Faculty members must receive minimum funding of \$45,000/year. Clinical observers must have available minimum funding of \$35,000/year.

Paid by UT Southwestern \$ \_\_\_\_\_ per year/month Check one: (Employee) \_\_\_\_\_ or (Fellow) \_\_\_\_\_

U.S. Government Agency \$ \_\_\_\_\_ per year/month Foreign Visitor's Government US\$ \_\_\_\_\_

Other Organization(s) \$ \_\_\_\_\_ per year/month Name \_\_\_\_\_

Personal Funds \$ \_\_\_\_\_ per year/month

For M.D.s Only

Will the exchange visitor's work involve (check one) \_\_\_\_\_ hands-on patient contact or \_\_\_\_\_ clinical observation

If observation only, please provide additional documents listed at:

http://www.utsouthwestern.edu/edumedia/edufiles/about\_us/admin\_offices/international\_affairs/j-1-new-clinical-observation.pdf

If hands-on patient contact, will it be as a consequence of the primary purpose of teaching or research? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please attach a 5-point letter.

Will the visitor function as a clinical fellow or a resident sponsored by ECFMG? Yes \_\_\_\_\_ No \_\_\_\_\_

Licensing: Institutional Permit \_\_\_\_\_ Visiting Professor Permit \_\_\_\_\_

Signature (Principal Investigator) \_\_\_\_\_ Date \_\_\_\_\_

Signature (Department Chairperson) \_\_\_\_\_ Date \_\_\_\_\_

International Affairs
www.utsouthwestern.edu/international
Contact Us