



INTERNATIONAL AFFAIRS OFFICE

FORM A

DEPARTMENT REQUEST FOR J-1 VISA APPLICATION*
FOR PROSPECTIVE FOREIGN FACULTY/RESEARCHER/SCHOLAR

Hiring Institution (Please Check One):

- Tufts University School of Medicine
Tufts University School of Dental Medicine
Tufts University – Sackler School
Caritas-St. Elizabeth’s Medical Center
Baystate Medical Center
Other Affiliated Institution (please specify):

Hiring Department

Hiring Faculty Member (Name and Title)

Family Name of Exchange Visitor (EV) First Name Middle Name

US Employment Location of Exchange Visitor US Employment Telephone Number

Prospective Position (Please Check One):

- Professor
Research Fellow
Other (please specify):

Briefly describe position: please note: A min. of a Bachelor’s Degree is required for this type of J-1 visa.

Expected Dates of Employment: From: To: (MM/DD/YY) (MM/DD/YY)

Salary: \$ Per (Please Check One): Week Month Year

Paycheck To Be Issued By:

Will Exchange Visitor be receiving health insurance benefits from hiring institution?

- YES NO OTHER (Please Specify):

Name & Telephone Number of Person Completing Form (Please Print) Date

Signing this form confirms that: (1) an official copy of the exchange visitor’s transcripts and/or diploma of their highest degree is on file in the hiring department; (2) an official Mantoux test will be given before the exchange visitor can begin working, and an official record of the results will be kept in Employee Health; and (3) the exchange visitor will not engage in any patient contact.

Signature of Department Head Date Signature of Dean, VP, or other authorized official Date

Please Print Name Please Print Name

*This form must be accompanied by Form B, as well as a \$300 fee from the hiring office made payable to “TUSM-International Affairs”. Please provide copies of EV’s biography page of passport and C.V.
*There is an additional \$50 fee from the hiring department if re-processing/re-filing of the DS-2019 Form occurs, made payable to “TUSM-International Affairs”.