



Health Sciences Campus

International Affairs Office

FORM C

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

Hiring Department _____

Hiring Faculty Member (Name and Title) _____

Family Name of Exchange Visitor _____ First Name _____ Middle Name _____

Current US Residential Address of Exchange Visitor _____ Telephone Number _____

Position (Please Check One): Professor Other (please specify): _____
 Research Fellow _____

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

CONTINUED FUNDING

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

Paycheck To Be Issued By: _____

Additional Funding Source(s) _____

Amount: \$ _____ and/or Personal Funding Amount: \$ _____

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

YES NO OTHER (Please Specify): _____

PERSONAL STATUS CHANGE REPORTING

Any change in personal status must be reported to the International Health Affairs Office prior to renewal. For your convenience, the back of this form may be used to document any changes in residency, citizenship, employment, dependant status etc. Signing this form confirms that this requirement has been reviewed with the exchange visitor and documented if applicable.

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

Signature of Department Head _____ Date _____

Signature of Dean, VP, or other authorized official _____ Date _____

Please Print Name _____

Hospital Education Office (if applicable) _____ Date _____

** This form must be accompanied by the \$300 fee, made payable to "TUSM-Office of International Affairs."
If Exchange Visitor is not being funded by hiring department, proof of funding from Exchange Visitor (i.e. bank statement or bank letter) must accompany this form.