

RECOMMENDATION FOR APPOINTMENT OF EXCHANGE VISITOR (J-1)

I understand it is my responsibility to inform the Office of Immigration and Human Resource Services when there is a change in this program; i.e. EV is delayed in arriving, completing their program, departed for home, change of address, applied for 2 year home residency waiver, etc.

Initiator initials _____

Contact person initials _____

Initiator: _____

Date: _____

Contact Person: _____

Phone: _____ FAX: _____

Email: _____

IHRS "Info Sheet" sent to new appointee? YES

This is a Short-Term appointment: YES
(6 months maximum stay - no extension)

Will dependents accompany appointee? YES NO

Name of appointee:

Present mailing address:

Case Western Reserve University Title and Expense Classification: _____

Is appointee a foreign medical graduate? YES NO

Detailed description of intended professional activity (required on visa document DS2019): _____

English Proficiency was assessed by: _____

TOEFL Score: _____

SKYPE/Video Conference interview conducted by: _____

_____ % Time devoted to teaching

_____ % Time devoted to research

_____ % Time devoted to incidental patient care

(Requires Certification Statement)

_____ % Other (training activity cannot be authorized)

List all sites where appointee's activity will occur:

Appointment dates (not to exceed one year): _____

Other pertinent information _____

Funding source(s);

Case Western Reserve \$ _____

Visitor's home institution \$ _____

Foreign visitor's government \$ _____

Personal funds \$ _____

Other sources \$ _____

DOS Grant # _____ \$ _____

Other U.S. or foreign agency grants

Agency name _____

Grant # _____ \$ _____

Approved: _____, Chair, Dept. of _____

Approved: _____, Director _____ Budget Office

Approved: _____, Dean, School of _____