



Office of International Student and Scholar Services
 Center for International Studies
 261 MSC, One University Boulevard
 St. Louis, MO 63121
 USA
 Telephone 1.314.516.5229
 Fax 1.314.516.5636
 Email iss@umsl.edu

**J-1 VISITING INTERNATIONAL STUDENT APPLICATION FORM
 Form A - To be completed by UM St. Louis academic department**

VISITING STUDENT'S NAME _____

SEND THE DOCUMENT TO THE STUDENT BY EXPRESS MAIL? ___ Yes ___ No
 (If yes, document will be forwarded to the Department; if no, the document will be sent to the student by air mail.)

DATES OF APPOINTMENT (mm/dd/yyyy) From _____ To _____

BRIEF DESCRIPTION OF THE SPECIFIC ACTIVITY IN WHICH THE STUDENT WILL BE ENGAGED:

FIELD OF STUDY OF ACTIVITY _____

SOURCE OF FINANCIAL SUPPORT	AMOUNT
___ a. UM-St. Louis	\$ _____
___ b. Home University: _____	\$ _____
___ c. Other organization: _____	\$ _____

.....

I accept responsibility for the accuracy of the information on this form, for sponsoring the visiting student at UM-St. Louis, for ensuring that the student checks in with the ISSS upon arrival, and for reporting to ISSS the student's termination and/or early departure from the University. I understand that J-1 Visiting International Students will not be enrolled in classes and have not been accepted to a degree program at UM St Louis. I understand that the student and any dependents must be covered by health insurance and that willful violation of this requirement will result in termination of the student's J-1 status.

Authorized by: _____
(signature of UM St. Louis faculty sponsor)

Name: _____

Department: _____

E-mail Address: _____

Telephone Number: _____

Date: _____

UM St. Louis contact regarding this student: _____