



Office of International Student and Scholar Services
 Center for International Studies
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J-1 INTERNATIONAL SCHOLAR APPLICATION FORM
Form A - To be completed by UM St. Louis academic department

SCHOLAR'S NAME _____

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

SCHOLAR WILL BE: Research Scholar (5 yr limit) Professor (5 yr limit) Short-term (6 mos. limit)

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

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

FIELD OF STUDY OF ACTIVITY _____

SOURCE OF FINANCIAL SUPPORT	AMOUNT
<input type="checkbox"/> a. UM-St. Louis (i.e., on the payroll, even if funds come from a federal agency)	\$ _____
<input type="checkbox"/> c. International organization: _____	\$ _____

.....
 I accept responsibility for the accuracy of the information on this form, for sponsoring the scholar at UM-St. Louis, for ensuring that the scholar checks in with the ISSS upon arrival, and for reporting to ISSS the scholar's termination and/or departure from the University. I understand that the scholar and dependents must be covered by health insurance and that willful violation of this requirement will result in termination of the scholar's J-1 status.

Authorized by: _____
(signature of UM St. Louis faculty sponsor)
 Name: _____
 Department: _____
 E-mail Address: _____
 Telephone Number: _____
 Date: _____

Authorized by: _____
(signature of UM St. Louis Department chair)
 Name: _____
 Department: _____
 E-mail Address: _____
 Telephone Number: _____
 Date: _____

UM ST. LOUIS CONTACT REGARDING THIS SCHOLAR: _____