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

SCHOLAR'S NAME ______________________________________________________________

HOW DOES DEPARTMENT WANT THE DOCUMENT TO BE SENT TO THE SCHOLAR?

☐ COURIER (Document will be forwarded to the Department. The Department is responsible for mailing.)

☐ USPS (ISSS will send the document 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 _______________________________________________________________

SCHOLAR'S PHONE NUMBER & EMAIL ADDRESS (IF KNOWN) ________________________________

<table>
<thead>
<tr>
<th>SOURCE OF FINANCIAL SUPPORT</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ a. UM-St. Louis (i.e., on the payroll, even if funds come from a federal agency)</td>
<td>$ _______________</td>
</tr>
<tr>
<td>☐ b. International organization:</td>
<td>$ _______________</td>
</tr>
<tr>
<td>☐ c. Scholar's personal funds. Bank statement or other financial document is required.</td>
<td>$ _______________</td>
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</tbody>
</table>

*IS THE SCHOLAR ELIGIBLE FOR EMPLOYEE BENEFITS? ☐ Yes ☐ No
(To be eligible for benefits, the appointment must be at least 75% FTE and no less than 9 months in duration)

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: ________________________________