



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

**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) _____

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"/> b. International organization: _____	\$ _____
<input type="checkbox"/> c. Scholar's personal funds. Bank statement or other financial document is required.	\$ _____

*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: _____