



RECOMMENDATION FOR APPOINTMENT OF EXCHANGE VISITOR (I-1)

Initiator: _____

Contact Person: _____

Department: _____

Phone: _____

Email: _____

Current mailing address: _____

Email: _____

Present and Address of Current Institution: _____

Will A _____ Yes ___ No ___

Is this a Short _____ Yes ___ No ___

CWRU Title and Classification _____

Will you provide _____ proposed stay)

CWRU: \$ _____

EV's Home Institution: \$ _____

EV's Home Government: _____

Personal Funds: \$ _____

DOS Grant: \$ _____ Grant # _____

Other US or Foreign Agency Grant: \$ _____ Agency Name: _____

Other: \$ _____

If "Other" provide name _____ y: _____

Detailed description of proposed professional activity: (required in Form DS-2019):

Appointment Dates: _____

_____% time devoted to teaching _____ % time devoted to incidental patient care

_____% time devoted to research _____ % time devoted to Other

I _____ VISA Office upon the minor change in their program (i.e. EV is delayed in arriving, completing their program, departed for home, change of address, applied for waiver of 2-year home residence requirement, etc.)

Initiator initials _____ Date: _____